



1970



Digitized by the Internet Archive  
in 2017 with funding from  
Wellcome Library

<https://archive.org/details/b29496354>



County Borough of Ipswich

---

REPORT  
*of*  
THE MEDICAL OFFICER  
OF HEALTH  
*and*  
PRINCIPAL  
SCHOOL MEDICAL OFFICER  
for the Year 1970



**COUNTY BOROUGH OF IPSWICH**

Health Department,  
Elm Street,  
Ipswich, IP1 1HB

*To the Chairman and Members of the Social Services Committee*

Once again the Annual Report provides both a formal catalogue of work done and I hope, a readable commentary on that work.

The birth-rate has fallen as it has nationally, though it is still higher in Ipswich than for England and Wales. Our infant mortality rate remains below the national figure, but the perinatal mortality rate rose. This is accounted for by two additional perinatal deaths, and as I have previously pointed out, fluctuations of this sort are inevitable. But the rate is an encouraging one and should stimulate all those concerned with obstetric care to continue to improve it.

For the second year running the total number of deaths in the town has fallen and our death-rate is significantly below the national figure. Lung cancer, however, has claimed more lives than last year, or indeed any previous year, accounting for a record 6.3% of deaths. Almost all of these and many of the deaths from bronchitis, coronary artery disease and other circulatory diseases would be prevented if cigarettes were no longer smoked. The community madness which allows the extravagant promotion of cigarettes, knowing the real risks to life and health, is almost beyond comprehension. Such efforts as any health department can make to reduce smoking amongst the young are puny in comparison. Of all the preventive measures open to us in the health field, the one which would save most life and health is a total cessation of cigarette smoking. Accidents, much as we may deplore them, kill far fewer people.

For the first time ever we had all our clinics manned by dental surgeons, and this enabled us to provide a far better service for both school children and the under-fives. More conservation was done to the satisfaction of both dental staff and patients. The pre-school child must be a target for the dental services that are orientated towards prevention and the habit of dental care must be instilled early in life. While fluoridation would help, it is the subject of so much disagreement locally and nationally that its local discussion is at present of little value.

The local problem of physically ill-treated babies is numerically small, but when the problem arises it is serious and disturbing. In recent years through discussion with all those involved, the lines of communication have been opened up. Though we shall never have the complete answer to the battered baby, the management of the problem when it arises is being shared with colleagues in the medical and social fields, with we hope, a more satisfactory outcome.

Montrose Day Nursery has continued to care for children in need and to train student nursery nurses. This nursery will become part of the Social

Services Department in 1971, and I sincerely hope that it will retain its role of providing a vital preventive medical and social service.

The Home Nursing Service continues to undertake additional work, and in a year when there has been a sharp rise in the demands on the service the auxiliaries have played a very valuable part, particularly in caring for the increasingly elderly and handicapped patient.

The midwives' caseloads are falling, but may rise again when, as seems certain, a domiciliary midwifery unit in the new Maternity Hospital is available. Last year I mentioned this possibility and I hope that in 1971 our plans will come to fruition. The Peel Report and its recommendations was all very well for Metropolitan areas - we believe that in Ipswich we can do better.

Family Planning has been one of our most valuable and successful services for several years, and we are reaching further into the population in real need of the service. I have little doubt that the time is very near when a full time service without appointments will be provided. Indeed, we have nearly achieved this. Only by such a provision will those who really need the service attend. This group of the population simply does not make appointments. Dr. J Brown, the Senior Medical Officer, is very largely responsible for this encouraging progress.

Regrettably measles notifications rose this year. This could have been prevented if more general use had been made of the vaccine available. This vaccine must be regarded as a part of routine protection for young children, and I hope that it will become much more readily accepted.

Veneral diseases show a rise in incidence and will continue to do so for so long as young people regard them as no more serious than the common cold. Yet they are sometimes difficult to treat, and non specific urethritis, the most common of the diseases seen at the clinic, often relapses and requires quite prolonged treatment.

I have frequently stressed the importance of a strong environmental health service. In the sense that I do not myself become involved in the day to day problems of sanitation, housing, water supplies and the other work of the public health inspector, I am not a medical sanitarian. It is possible for me to maintain a general rather than detailed interest solely because of the quality of service provided by the public health inspectors. Theirs is a job which often goes unnoticed until acute problems and complaints arise. As a result the service tends to attract less of the resources available than it really requires and with new responsibilities constantly being imposed on the inspectors the routine supervision of the environment is apt to take second place. Yet this is the heart of their work which must never be neglected in favour of a service whose primary function is to deal with established complaints

The involvement of the public health inspector in dealing with dirty houses and people suffering from self neglect is not new or frequent, but appears to be increasing. So often the old people concerned do not wish for help and are quite happy to be left alone in their own rather squalid conditions. Yet the existence of these old people represents a blemish on the public conscience, and many and various citizens contact us to tell us what we should do

about it. To what extent we should force people to live in clean and orderly surroundings is difficult to know. Our legal powers are limited and I am glad that this is so. If we up root these old folks and put them into nice clean old people's homes, they are in serious danger of losing their grip on life and dying quite quickly. Whatever is done is open to criticism and I am always grateful to the public health inspectors for their care and humanity in dealing with these problems. The 'dirty job' detachment has been very useful on the comparatively rare occasions they have been needed, and the district inspectors have always risen to the occasion and given a helping hand in the clean up which often seems to take place on a fine weekend when others are engaged in more congenial activities. The statutory and voluntary social services are, of course, a great help also, but a real need exists for a group of volunteers who would very occasionally be willing to undertake a job of redecoration when the major clean up has been done. Good neighbours are also needed to give that little, frequent help that is so often all that is required. There will always be some impossible problems of course, because some of our clients just will not accept help from anyone.

An increasing amount of work has been done in connection with improvement grants and this work towards preservation of older houses must be welcomed. Unfortunately, some larger houses are being used for multiple occupation, and we simply do not have the staff to undertake comprehensive supervision of this activity. In itself a reasonable development, there is serious danger of previously satisfactory houses deteriorating into a large number of unsatisfactory dwellings.

The work of the inspectors in the field of health education is of the greatest value and is mentioned in the Report. Co-operation, particularly necessary in the food industry, is always more forthcoming when the reasons for it are understood, and it is gratifying to see an increased demand for lectures, articles and informal talks on various matters related to health.

The report on the health of the Ipswich school child points to a rather better deployment of administrative and clerical resources following an amalgamation of all the child health services. The fall in attendances at minor ailment clinics is an encouraging trend and allows more time to be spent on preventive work. The accent on prevention is obvious too in dental work where a higher proportion of those inspected were given conservative treatment rather than extractions.

The year generally was of consolidation rather than innovation and difficulties were experienced in the absence of a Deputy in the department for several months.

A number of changes took place during 1970. Mr. H. M. Coles, for so long a mainstay of the department, retired on medical advice. He was known very widely, and his extraordinary memory for detail will be familiar to all those who came in contact with him. We all wish him improved health and a happy retirement.

Mr. R. Bailey took over the post of Chief Administrative Assistant in his place.



Miss Street, the Superintendent of Home Nurses, Mrs. Kidd, Senior Health Visitor, and Miss Mears, Centre Superintendent, also retired. All in their different ways have done much for the health services of the town and our best wishes for the future go with them.

By the time this report is printed a considerable reorganisation of services will have occurred. The social services will be well on the way to unification under a single Director, and the Junior Training Centre will be the responsibility of the Education Committee. For my part, I hope this means further improvement in the services to the public. I have enjoyed being associated with these services and am grateful to all the staff for their constant loyalty and support. They go into their new administrative organisation with my thanks and very best wishes for the future.

This report appears for the first time in a new cover, the design of which we are indebted to Mr. D. J. Barton. This is part of the attempt to modernise the report, which I hope will be found interesting to those who read it. I am indebted to many members of the staff for helping to compile it and particularly to Mr. R. Bailey who has written much and collated all the different contributions.

My sincere thanks also go to medical, nursing and administrative friends in the Health Department, General Practitioner and Hospital services, to many voluntary workers whose help has been invaluable, and to officers in other departments in the town, and the Chairman and members of the Social Services Committee who have supported me during the year.

B. A. SMITH

Medical Officer of Health

July, 1971



## TABLE OF CONTENTS

	Page
MEMBERS OF COMMITTEE	9
PRINCIPAL STAFF OF DEPARTMENT	9
SECTION I - STATISTICAL INFORMATION	
Vital Statistics	14-16
Population	17
Births, Marriages and Deaths	18-23
SECTION II - NATIONAL HEALTH SERVICE ACT 1946 PROVISION OF HEALTH SERVICES	
Co-ordination with other Health Services	26
Health Centres	26
Care of Mothers and Young Children	26-23
Midwifery	34-37
Health Visiting	37-39
Home Nursing	39-41
Vaccination and Immunisation	41-43
Ambulance	44-46
Prevention of Illness, Care and After Care	47-52
Home Help	52-53
Mental Health	53-57
SECTION III - PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES	
Notifiable Infectious Diseases	60-61
Tuberculosis	62
Venereal Disease	62
SECTION IV - MISCELLANEOUS	
Medical Examination of Staff	64
Meteorological Notes	64-66
Registration of Nursing Homes	65
Fifty Years Ago	65

	Page
ENVIRONMENTAL HEALTH	68-109
PORT HEALTH	
THE HEALTH OF THE IPSWICH SCHOOLCHILD	
INDEX	

## COUNTY BOROUGH OF IPSWICH

**SOCIAL SERVICES COMMITTEE***(Constitution as at 31st December, 1970)*

THE MAYOR (Alderman W. M. MORFEY)

Councillor C. E. O. JONES *(Chairman)*Councillor Mrs. O. R. COOK  
*(Vice Chairman)*

Alderman P. E. BURROWS

Alderman C. R. NUGENT

Councillor H. S. BAXTER

Councillor Mrs. L. E. DOWNES

Councillor A. G. FROST

Councillor R. G. HOWELL

Councillor Mrs. M.E.H. MACDONALD

Councillor Mrs. B.M.

PATERNOSTER

Councillor Mrs. M. C. A. ROSS

Councillor Mrs. R. A. SKERRITT

Councillor J. H. WATKINS

*Co-opted Members:*

Dr. J. D. HALFORD

Captain E. M. USHERWOOD

**PRINCIPAL STAFF OF THE HEALTH DEPARTMENT***as at 31st December, 1970**Medical Officer of Health and Principal School Medical Officer*

B. A. SMITH, M.B.,B.S.,D.P.H.

*Deputy Medical Officer of Health and Deputy Principal School Medical Officer*

M.F.H. BUSH, M.B.,B.S.,M.R.C.S.,L.R.C.P.,D.CH.,D.P.H. (resigned 31.8.70)

*Senior Medical Officer*J. BROWN, M.B.,B.S.,B.D.S.,M.R.C.S.,L.R.C.P.,L.M.S.S.A.,L.D.S.,R.C.S.,  
D.P.H.,D.(Obst).R.C.O.G.,Dip.Ed.(Lond.)A.K.C.*Senior Assistant Medical Officer*

M.G. MILLS, M.B.,Ch.B.,D.R.C.O.G.

*Departmental Medical Officers*

H.K.S. EGERTON, M.B.,Ch.B. (part-time)

H.H. FORDE, M.B.,B.Ch.,D.P.H.,D.R.C.O.G. (part-time)

M.V. McCAULEY, M.B.,B.S.,D.P.H.,D.C.H. (part-time) (appointed 12.2.70)

J.E. MORRISON, M.D.,M.B.,Ch.B.,D.P.H. (part-time)

S.M. ROYCE, M.B.,B.S. (part-time) (appointed 28.9.70)

G.M.G. SPENCER, M.A.,M.R.C.S.,L.R.C.P.,D.P.H. (part-time)

J.G. WILSON, M.B.,B.S.,B.Ch.,L.R.C.P.,M.R.C.S. (part-time)

R. WRIGHT, M.B.,B.S. (part-time)

*Chief Public Health Inspector - O. C. WILLIAMS, M.A. P.H.I.**Deputy Chief Public Health Inspector - J. E. JOHNSTONE, M.A. P.H.I.,D.M.A.***DENTAL***Chief Dental Officer*

G. A. SCIVIER, B.D.S. (Lond.)

**HEALTH VISITING**

*Superintendent Health Visitor* - Miss J.M. STABLES, S.R.N.,S.C.M.,H.V.(Cert)

**MIDWIFERY**

*Non-Medical Supervisor* - Miss F. MEACHAM S.R.N.,S.C.M. (Admin. Cert)

**HOME NURSING**

*Superintendent* - Miss D.A.I. STREET, S.R.N.,S.C.M.,R.S.C.N., (retired 31st December, 1970)

**MENTAL HEALTH SERVICE**

*Mental Health Officer* - R. G. WYTHE

**AMBULANCE SERVICE**

*Chief Ambulance Officer* - R.M. HOPWOOD

**HOME HELP SERVICE**

*Organiser* - Mrs. C.M. LILLEY

*Chief Administrative Assistant* - H.M. COLES (retired 31.12.70)  
R. BAILEY (from 14.9.70)

*Senior Administrative Assistant* - R. BAILEY ( to 13.9.70)  
E. M. GOODMAN (from 14.9.70)

*Admin. Assistant, Child Health* - R. J. SEAL (from 30.11.70)

*Admin. Assistant, Finance* - H. STEPHENSON

Clinic facilities are provided as follows:-

<i>Location</i>	<i>Facilities Available</i>
Central Clinic, Elm Street Tel. 55511	Child Health, Ante Natal, Family Planning, Chiropody School Health
Gainsborough Clinic, 263 Clapgate Lane Tel: 78132	Child Health, Ante Natal, Family Planning, Chiropody School Health
Whitton Clinic Meredith Road Tel: 41433	Child Health, Ante Natal, Family Planning, Chiropody School Health
Allington Clinic, 427 Woodbridge Road Tel: 78940	Child Health, Ante-Natal, Family Planning, Chiropody, School Health
Chantry Clinic, Hawthorne Drive, Tel: 55647	Child Health, Ante-Natal, Chiropody, School Health Family Planning
Maidenhall Clinic, Halifax Road Tel: 52687	Child Health, Ante-Natal
Rushmere Hall Clinic, Lanark Road	Child Health



**SECTION I**  
**STATISTICAL INFORMATION**

Vital Statistics

Population

Births, Marriages and Deaths



# VITAL STATISTICS

	1969	1970	England and Wales
Area of the County Borough	9,925 acres	9,925 acres	-
Rateable value as at 31st March	£5,497,014	£5,638,283	-
Product of 1d rate	£21,900	£22,769	-
No. of hereditaments described in the rate book	Houses and Flats	41,067	-
as 'habitable dwellings' at 31st March	House Shops	637	-
Estimated home population (R.G.'s mid year estimate)	122,050	121,930	48,987,700
BIRTHS			
Live Births	Total	2,027	784,482
	Legitimate	1,821	719,738
	Illegitimate	206	64,744
Live Birth Rate per 1000 population	17.2	16.6	16.0
Live Birth rate as adjusted by ACF* (1.01)	17.4	16.8	16.0
Illegitimate live births as % of all live births	10	10	8
Stillbirths	Total	22	10,341
	Legitimate	19	9,297
	Illegitimate	3	1,044
Stillbirth rate per 1000 total live and still births	12	11	13
Total live and stillbirths	Total	2,049	794,823
	Legitimate	1,840	729,035
	Illegitimate	209	65,788

DEATHS		1969	1970	England & Wales 70
Total Deaths (all ages)		1421	1279	575,208
Death Rate (per 1000 population)		11.6	10.5	11.7
Death Rate as adjusted by A.C.F.* (0.96)		11.1	10.1	11.7
Deaths of infants				
Under 1 year of age	Total	30	28	14,269
	Legitimate	27	24	12,592
	Illegitimate	3	4	1,677
Infant mortality rate (deaths under 1 year per 1000 live births)		14	14	18
Legitimate Infant Mortality Rate		14	13	17
Illegitimate Infant Mortality Rate		14	19	26
Deaths of infants				
Under 4 weeks of age	Total	15	20	9,663
	Legitimate	15	17	8,548
	Illegitimate	-	3	1,115
Neonatal mortality rate		7	10	12
Deaths of infants				
Under 1 week of age	Total	12	17	8,328
	Legitimate	12	14	7,343
	Illegitimate	-	3	985
Early neonatal mortality rate		6	8	11

	1969	1970	England & Wales 70
Perinatal mortality (combined stillbirths and deaths in 1st week)	37	39	18,669
Perinatal mortality rate (combined stillbirths and deaths in 1st week per 1000 live and stillbirths)	17	19	23

\*A.C.F. is the area comparability factor calculated by the Registrar General, and when this is applied to the crude birth rate the resulting figure is what the birth rate would be if Ipswich had a theoretical standard population. This is necessary because comparison between birth rates of towns is complicated because all towns do not have a population of the same composition. Some areas attract a larger number of retired people and so the birth rate may seem unduly low, whilst other areas may have a high proportion of young married people, with a resultant high birth rate. By means of the A.C.F. all birth rates are based upon this same standard population, and comparison between areas is possible. The same principle is applied to deaths, as obviously some towns with a higher proportion of elderly people, will have more deaths than a town with a comparatively young population.

# TEN YEARS AT A GLANCE

	Population	Total Live Births	Birth Rate (crude)		Total Deaths	Death Rate (crude)	
			Ips.	E and W		Ips.	E & W
1961	117,230 (+1450)	2101(+18)	17.2	17.4	1253 (+20)	10.69	12.0
1962	118,410 (+1180)	2154(+53)	18.2	18.0	1307 (+54)	11.03	11.9
1963	119,440 (+1030)	2223(+69)	18.8	18.2	1418 (+111)	11.87	12.2
1964	120,120 (+ 680)	2316(+93)	19.3	18.5	1253 (-165)	10.4	11.3
1965	120,750 (+ 630)	2267(-49)	18.8	18.1	1296 (+ 43)	10.7	11.5
1966	121,280 (+ 530)	2141(-126)	17.7	17.7	1337 (+ 41)	11	11.7
1967	121,670 (+ 390)	2070(-71)	17.0	17.2	1263 (+ 26)	10.3	11.2
1968	121,700 (+ 30)	2106(+36)	17.3	16.9	1447 (+184)	11.8	11.9
1969	122,050 (+ 350)	2100(- 6)	17.2	16.3	1421 (- 26)	11.6	11.9
1970	121,930 (- 120)	2027(-73)	16.6	16.0	1279 (-142)	10.5	11.7

(+ up

on previous years figure)

(— down

## MARRIAGES

Year	No. of Marriages	Marriage rates per 1000 living	
		Ipswich	England and Wales
1966	976	16.1	16.0
1967	1012	16.6	16.0
1968	1120	18.4	16.8
1969	1076	17.6	16.2
1970	1109	18.2	

## BIRTHS

2027 live births were registered in 1970, compared with 2100 in the previous year. There were 1042 males and 985 females.

## DEATHS

## DEATHS AT THE VARIOUS AGE GROUPS DURING 1970

	- 1	1 - 4	5 - 14	15 - 44	45 - 64	65+	Total all ages
Males	17	3	4	19	163	454	660
Females	11	4	2	17	88	497	619
Total	28	7	6	36	251	951	1279

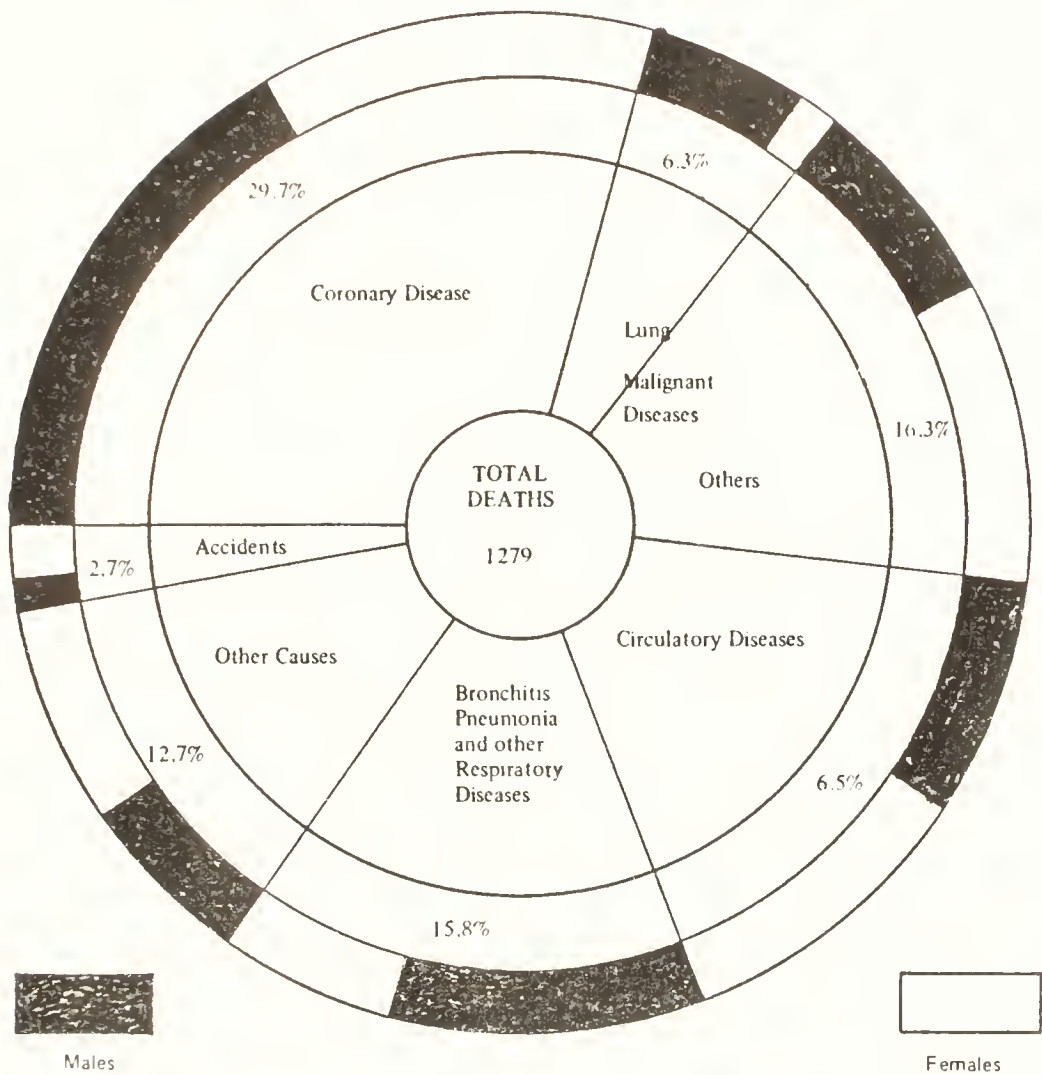
The downward trend in the number of deaths since the 'peak' figure of 1447 was reached in 1968, continued in 1970. There were 1279 deaths compared to 1421 in 1969 — a welcome reduction of 142. The age distribution of the deaths remains consistent and was again comparable with the previous year. 74.3% of the deaths were in the 65 years and over age group.

Coronary disease still remains the main cause of death, with malignant diseases in second place. This is the familiar pattern. More unfamiliar in 1970, was the death of an infant through whooping cough, which fortunately these days is a rare occurrence. The last previously notified death from this disease was in 1964, and indeed in the post war years, the total number of deaths in twenty five years stands at only six. In contrast, in the pre-war years, it was common for this number of deaths to occur in one year. The record number of deaths from whooping cough in any one year this century is 35 — in 1901.

## CAUSES OF DEATH

	Males	Females	Total
Enteritis and other Diarrhoeal Diseases	1	-	1
Tuberculosis (respiratory)	3	-	3
Whooping Cough	-	1	1

ANALYSIS OF CAUSES OF DEATHS



	Males	Females	%
Coronary Disease	207	173	29.7
Malignant Disease - Lung	63	17	6.3
Other	86	122	16.3
Circulatory Diseases	93	119	16.5
Bronchitis, Pneumonia etc.	125	77	15.8
Other Causes	72	91	12.7
Accidents	14	20	2.7

CAUSES OF DEATH (continued)	<i>Males</i>	<i>Females</i>	<i>Total</i>
Meningococcal Infection	1	1	2
Malignant Neoplasm - Buccal Cavity	-	1	1
Malignant Neoplasm - Oesophagus	3	3	6
Stomach	9	16	25
Intestine	20	22	42
Larynx	1	1	2
Lung, Bronchus	63	17	80
Breast	-	26	26
Uterus	-	10	10
Prostrate	6	-	6
Other Malignant Neoplasms	37	35	72
Benign and Unspecified Neoplasms	5	4	9
Leukaemia	5	4	9
Diabetes	2	1	3
Other Endocrine etc. diseases	2	3	5
Anaemias	1	1	2
Mental Disorders	2	5	7
Meningitis	1	1	2
Multiple Sclerosis	2	-	2
Other diseases of Nervous System	6	10	16
Chronic Rheumatic Heart disease	7	6	13
Hypertensive Disease	10	4	14
Ischaemic Heart Disease	173	139	312
Other forms of Heart Disease	17	24	41
Cerebrovascular Disease	67	91	158
Other diseases of Circulatory System	26	28	54
Influenza	8	4	12
Pneumonia	63	55	118
Bronchitis and Emphysema	41	7	48
Asthma	-	2	2
Other diseases of Respiratory System	10	9	19
Peptic Ulcer	9	5	14
Appendicitis	-	1	1
Internal Obstruction and Hernia	3	7	10
Cirrhosis of Liver	1	1	2
Other Diseases of Digestive System	2	6	8
Nephritis and Nephrosis	3	2	5
Hyperplasia of Prostrate	3	-	3
Other diseases, Genito-Urinary System	3	15	18
Diseases of Skin, subcutaneous tissue	2	-	2
Diseases of Musculo-skeletal System	-	8	8
Congenital Anomalies	6	6	12
Birth injury, difficult labour etc.	6	2	8
Other causes of Perinatal Mortality	5	1	6
Symptoms and ill defined conditions	2	-	2
Motor Vehicle Accidents	8	4	12
All other accidents	6	16	22
Suicide and Self-inflicted Injuries	5	10	15
All other External Causes	4	4	8
Totals	660	619	1279



## INFANT MORTALITY

Year	No. of Deaths			Infant Mortality Rate	
	Males	Females	Total	Ipswich	E & Wales
1966	19	13	32	15	19
1967	22	13	35	17	18
1968	18	11	29	13	18
1969	11	19	30	14	18
1970	17	11	28	14	18

The causes of death and age groups in 1970 were:-

	Under 4 weeks		4 weeks to 1 year	
	Males	Females	Males	Females
Whooping Cough	-	-	-	1
Benign and unspecified neoplasms	1	-	-	-
Pneumonia	-	-	1	-
Other diseases of respiratory system	-	-	-	2
Congenital anomalies	1	3	2	1
Birth injury, difficult labour etc.	6	2	-	-
Other causes of perinatal mortality	5	1	-	-
All other accidents	1	-	-	1
<hr style="border-top: 1px dashed black;"/>				
TOTALS	14	6	3	5

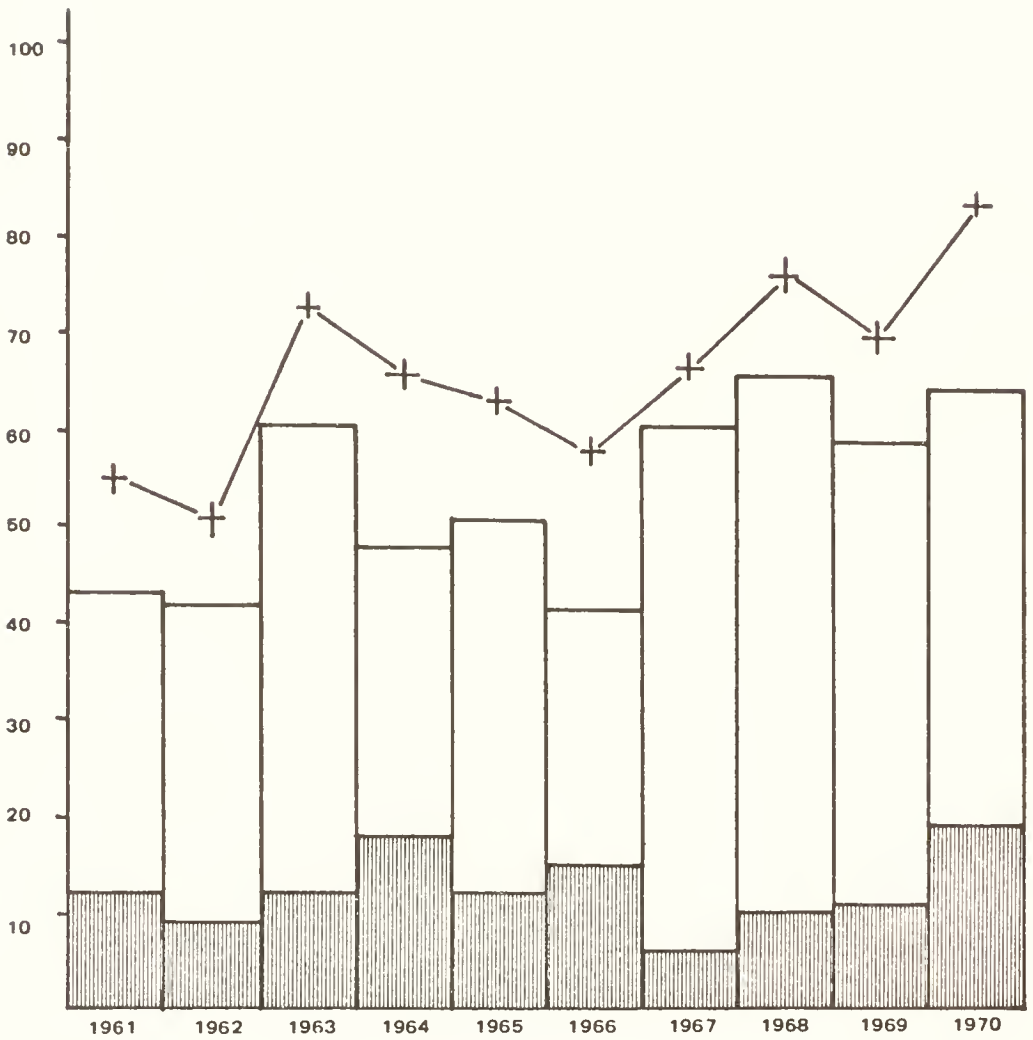
## CANCER

Total deaths from cancer in 1970 were 288 — one less than in the previous year, but little comfort could be found in this comparison. Whilst generally deaths in most categories were reduced in 1970, the one major exception was cancer. The total percentage of cancer deaths (22.6%) in comparison with all deaths, was the highest recorded.

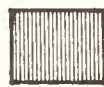
The health educator continues in the thankless task of pointing out the dangers of smoking and lung cancer, and amidst the general apathy of the public towards this, it is disturbing to record that deaths from cancer of the lung and bronchus reached their highest ever total in Ipswich during 1970. The figures of 63 males and 17 females (total 80) again have more significance in a year when deaths have generally reduced. Previous 'peaks' of 74 in 1968 and 73 in 1963 had occurred in years when the death rate was comparatively higher:-

	Total no of deaths	Total deaths from lung cancer
1963	1418	73
1968	1447	74
1970	1279	80

## DEATHS FROM LUNG CANCER 1961 - 1970



Males



Females



Totals

The accompanying histogram illustrates the creeping danger of this disease which undoubtedly could be reduced if people would only heed the continual warnings.



## SECTION II

### NATIONAL HEALTH SERVICE ACT 1946 PROVISION OF HEALTH SERVICES

Co-ordination with other Health Services

Health Centres

Care of Mothers and Young Children

Midwifery

Health Visiting

Home Nursing

Vaccination and Immunisation

Ambulance

Prevention of Illness, Care and After Care

Home Help

Mental Health

## CO-ORDINATION WITH OTHER HEALTH SERVICES

The long awaited second Green Paper on the future structure of the health services at last made its appearance in February, 18 months after the publication of the first Green Paper. It contained three firm decisions on any future structure.

1. The National Health Service should not be administered by local authorities, but by Area Health authorities directly responsible to the Secretary of State, and closely associated with local authorities.

2. A boundary was drawn between the National Health Service and the public health and personal social services which would continue to be administered by local authorities.

3. In general, the number and areas of the new health authorities would match those of the new local authorities, envisaged in the Redcliffe - Maud Report. This in fact meant about 90 areas with populations varying from 200,000 to 1,300,000.

Planning would be vested in 14 Regional Health Councils, and the administration in the area health authorities would stem from the chief administrative medical officer in his capacity of 'chief community physician' — a new mysterious title!

Comments on the proposals were invited by May, and whilst arguments raged about how 'white' the green paper really was, national events on 18th June, threw the whole affair back into the melting pot. One then had to endure for the remainder of the year, repeated promises of the emergence of a further Green Paper giving the proposals of the new Government - promises which had still not materialised at the end of 1970! It seemed fairly obvious however, that the National Health Service would be unified, that such unification would be outside local government, and that the boundary lines between the Health Service and the public health and personal social services were reasonably established.

Whilst we remain part of the tripartite structure, locally our links with the hospital and general practitioner services remained as last year. Indeed the informal links are at least as strong as the formal ones and provide a largely satisfactory unification of service with the one problem of divided financial provisions.

### SECTION 21 - HEALTH CENTRES

No Health Centre has yet been built though three groups of doctors have been interested. Due to our difficulties in making progress in this field, two of the groups are likely to undertake private developments. A centre near the middle of the town is, however, still being discussed with the Executive Council and doctors concerned.

### SECTION 22 - CARE OF MOTHERS AND YOUNG CHILDREN

The Local Authority Social Services Act 1970 had some effect on our functions under Section 22 of the National Health Service Act. Whilst

the actual implementation date of the Act was scheduled for 1971, circular ISWG 5/70 clearly defined what we would lose to the new Social Services Department viz

- a) the provision of social care, advice and support to meet the needs of persons to whom section 22 of the N.H.S. Act applies (in particular unmarried and other unsupported mothers and their children) including
  - i day care of pre-school children i.e. day nurseries and nursery groups and the placing of children under the Nurseries and Child Minders Regulations.
  - ii provision of residential accommodation (in particular mother and baby homes)

The line of demarcation, according to the Secretary of State, was that those functions which appear to be mainly medical in nature would remain with the Health Department. Thus our own functions under section 22 will be:-

- i ante-natal and post natal health service
- ii care during delivery period
- iii child health

The actual transfer of functions will take place in 1971, but it is obvious that there is an inseparable link between the health and social responsibilities for the pre-school child. Communication will be the keynote in ensuring that the patient does not suffer in this transfer.

#### CHILD HEALTH CLINICS

Child health clinics were held weekly at seven different centres, and whilst a drop in attendances compared to 1969, was reported, the decrease was not as marked as in previous years. Indeed increased attendances were reported at the Maidenhall and Chantry clinics, both significantly covering the south-west area of town where most new development is taking place. Our hopes of acquiring a mobile clinic to cover other developments in the town did not materialise because of the financial situation, but without appearing too optimistic, it would appear that the level of attendances at Child Health Clinics has settled. It is also reasonable to assume that attendances might increase if we were able to provide the necessary clinic facilities where needed. The character of the work has also altered in recent years and an increased emphasis is being placed on full developmental examinations of children - a time consuming task.

Clinic	1966	1967	1968	1969	1970
Central	5787	5163	4239	3690	3623
Gainsborough	6021	6043	5722	4480	4139
Whitton	6257	6017	6075	6236	6136
Allington	6564	6251	6012	5032	4555
Maidenhall	1154	1110	857	1041	1192
Rushmere	1662	1239	865	994	991
Chantry	5128	5066	4634	4164	4710
TOTALS	32573	30889	28404	25637	25346



Number of children who attended during the year				Number of Sessions held by		Total number of Sessions
Born in 1970	Born in 1969	Born in 1968	Total	Medical Officers	Health Visitors	
1485	1476	2305	5266	688	386	1074

### EXAMINATION OF INFANTS BY MEDICAL OFFICERS

The examinations carried out by the Medical Officers are shown in the following table:-

Age	1966	1967	1968	1969	1970
- 1	4586	3763	3634	3452	3837
1 - 2	1972	1758	1734	1677	2337
2 - 3	562	499	579	570	622
3 - 4	354	305	382	370	363
4 - 5	386	633	617	603	620
Totals	7860	6958	6946	6672	7779

The Ophthalmic Consultant attends each week at the Central Clinic. The following figures relate to pre-school children examined during the year.

Number examined	143
Number of attendances	246
Number for whom glasses were prescribed	13
Number to continue present glasses	19
Number referred for treatment	27
Number referred to hospital	13

### INFECTIOUS DISEASES

There was one case of ophthalmia neonatorum during the year. It was not gonococcal.

### MATERNAL DEATHS

There were no maternal deaths in 1970

### SALE OF FOODS

No proprietary milk foods are sold in the clinics, but Rose Hip Syrup and Liquid Adexolin are available. Details of Welfare Foods issued during 1970 were:-

National Dried Milk	6783
Orange Juice	33238
Cod Liver Oil	1325
Vitamins A and D	1711

## EXPECTANT AND NURSING MOTHERS

Facilities for ante natal care are available at all clinics with the exception of Rushmere. In 1970, 1356 women attended these clinics, a drop of 106 compared to the previous year. Total attendances were 4602. This gradual decline is inevitable as the emphasis shifts towards more institutional confinements.

## CONGENITAL DEFECTS

All congenital malformations in new-born babies are notified by local health authorities to the Registrar General. This has operated since 1964, and enables the Registrar General to obtain statistical information which might indicate any national or regional changes in the pattern of congenital malformations.

The defects found in 1970 were as follows:-

Central Nervous System	5
Alimentary System	5
Limbs	13
Other parts of Musculo-skeletal system	1
Other Systems	1
Other malformations	<u>3</u>
Total	32

## DENTAL CARE

The number of sessions devoted to treatment was 159.

	Given first inspection during year	Required treatment	Offered treatment
Expectant and Nursing Mothers	86	81	80
Children under five	539	340	295
Totals	625	421	375

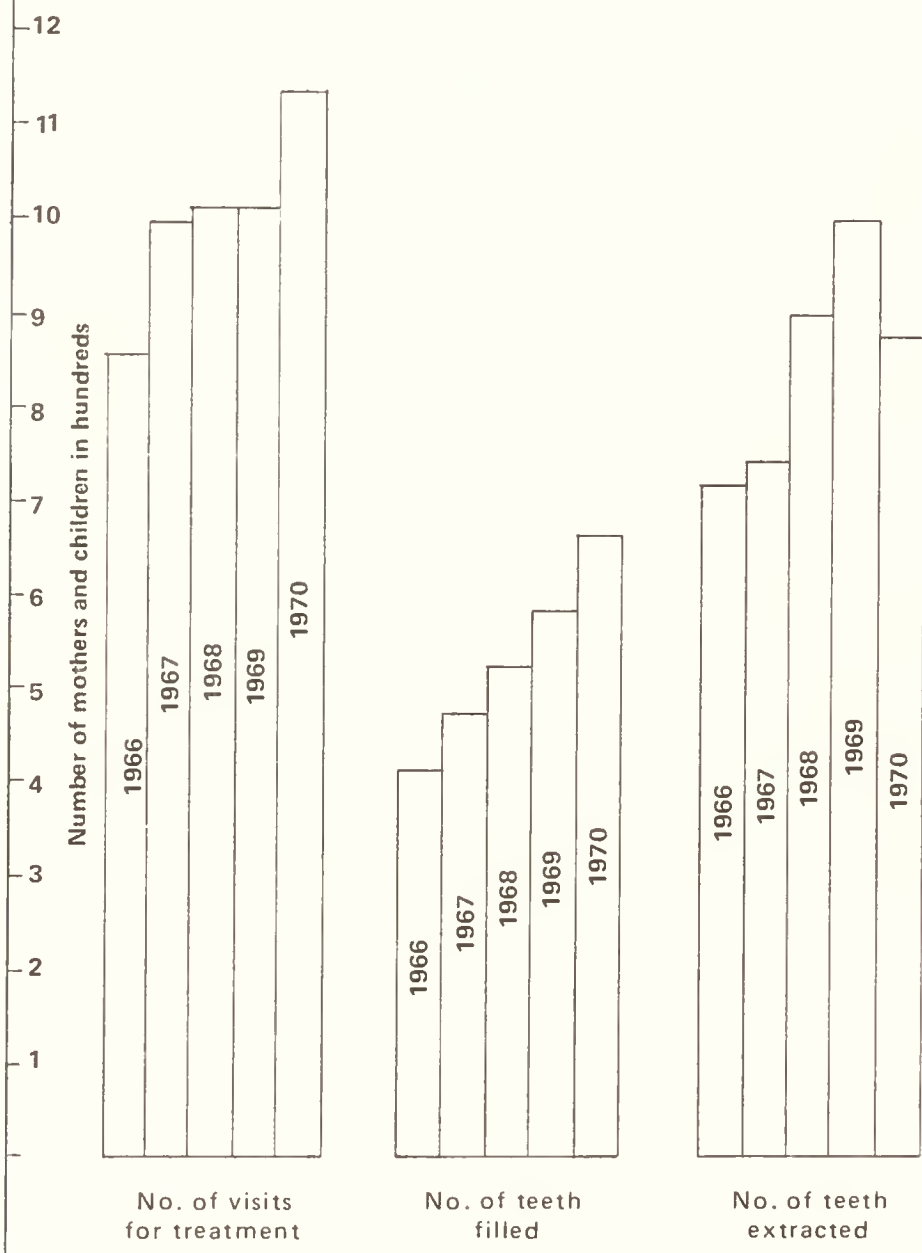
## Number of visits for treatment during the year

	Children under 5	Expectant and Nursing Mothers
First Visit	346	87
Subsequent Visits	451	258
Total Visits	797	345
Number of additional courses of treatment other than the First Course commenced during the year.	3	3

## TREATMENT PROVIDED DURING THE YEAR:

Number of fillings	577	152
Teeth filled	517	142
Teeth extracted	657	222
General Anaesthetics given	162	26
Emergency visits by patients	206	49
Patients X-rayed	6	12
Patients treated by Scaling and/or removal of stains from teeth	8	43

DENTAL TREATMENT OF  
EXPECTANT & NURSING MOTHERS AND  
CHILDREN UNDER 5 YEARS



Teeth otherwise conserved	144	-
Inlays	-	1
No. of course of treatment completed	251	48

### Supply of Dentures

Patients supplied with full Upper and Lower (first time)	10
Patients supplied with Other Dentures	9
Number of Dentures supplied	35

Although the Dental service is considered primarily for school children, it should be borne in mind that inspection and treatment of pre-school children and expectant and nursing mothers is part of the work of the service. The graph shows the dental treatment of pre-school children and mothers over the five year period 1966/70 and indicates a steady increase in the number of visits and treatment of young children and mothers which are very important priority groups. It is felt that more attention should be given to increasing still further the amount of time devoted in this direction, especially with the younger children. It is necessary to see children early before fears have been generated by contact with other children at school and when the treatment required is often minimal, thereby more readily gaining the confidence of the child.

### THE 'AT RISK' REGISTER

The 'At Risk' register is at present compiled from information on the birth notification card. A hearing test is then carried out by the health visitor after six months. At the end of the year there were 532 children on the register

Final thoughts on the extent of the categories of defects which qualify a child for inclusion on this register have not yet emerged, but to be most effective, the system needs pruning. Indeed current thoughts suggest that if all young children had a hearing test routinely, the risk register itself could be abandoned.

### NURSERIES AND CHILD MINDERS REGULATIONS ACT

The rate of growth in the numbers registered under the Act, which had been sparked off by the 1968 amendments, continued during 1970, and showed no signs of abating. By the end of the year, there were 4 more premises and 30 more persons registered than in 1969, and the number of children permitted had risen from 631 to 797. Periodic notices in the local press help to remind the public of their responsibilities in child minding, and point out the penalties of illegal operating.

Circular LHAL 25/70 drew attention to the declarations of health which it advised should be completed by those concerned and connected with child-minding. This system had already been introduced in Ipswich following the Health Services and Public Health Act 1968. Our administrative responsibilities in this field are to be transferred to the new Social Services Department in 1971 and the transfer can be made safe in the knowledge that our procedures in child minding have developed to a very effective and satisfactory standard.

	Premises		Persons	
Number of premises or persons registered at end of year.	15		90	
No. of children permitted	333		464	
Type of Care Provided				
	Premises providing		Persons providing	
	All day Care	Sessional Care	All day Care	Sessional Care
Number of premises or persons	2	13	40	50
Number of children permitted	20	313	105	359

### BATTERED BABIES

Early in 1970, circular CMO 2/70 drew attention to the problem of young children who are injured by their parents. The publication of '78 Battered Children' in 1969, and other information available to the Dept. of Health and Social Security had suggested that there was still some lack of awareness of the syndrome. It was felt that local discussion should take place amongst all agencies concerned with child care so that a definite course of action should be planned for dealing with this problem. Several clinical meetings on battered children had already been held.

These were followed by a meeting jointly between the Ipswich and East Suffolk areas involving Medical Officers of Health, Children's Officers, Paediatricians, Nursing Officers, General Practitioners, the N.S.P.C.C. and the Police, in April 1970. The need for early recognition and the importance of the early removal of a child from the hostile environment was stressed. This and the question of management before and after a certain diagnosis had been made were the two main issues revolving around the subject. A policy was formulated at the meeting, details of which were circulated to all doctors.

A further meeting was held later in the year, at which the involvement of the police and the police surgeon was more clearly defined. Both meetings were invaluable in clearing the lines locally on policy and communication which is so essential in dealing with this problem. Future meetings will continue to be held it being recognised that the scheme has to be flexible, and that more knowledge of how best to deal with the problem would be obtained by the group reviewing individual cases at these meetings, from which lessons might be learned.

### RESIDENTIAL ACCOMMODATION PROVIDED FOR EXPECTANT OR NURSING MOTHERS

An annual grant is made to the St. Edmundsbury and Ipswich Diocesan Moral Welfare Association. The Welfare Worker of the Association arranges accommodation for unmarried mothers and their children in various homes and the contribution made by the Council includes a proportion towards the expenses of such accommodation. Discussions took place during 1970 which

will result in the rate of support being increased in 1971.

During the year the Association arranged for four expectant mothers to be accommodated.

### MONTROSE DAY NURSERY

*Situated in Rosehill Crescent, Ipswich.*

*Telephone 52835*

*Matron: Mrs. G. E. Johnson*

The Nursery caters for the pre-school child, from the age of six weeks onwards, and is open from Monday to Friday from 7.30 a.m. to 6.0 p.m. 60 children can be accommodated, and the establishment provides for Matron, Deputy Matron, one Nursery Warden, three Staff Nursery Nurses and eight Nursery Students. The post of Nursery Warden has not been filled for some years, but in 1970 one of the Staff Nursery Nurses successfully completed a 6 week course in London, to qualify as a Nursery Warden. Her success and training on this course, applied in the nursery environment, has proved most beneficial. Still on the staff side, the four Nursery Students were all successful in the N.N.E.B. certificate examination, thus maintaining the high pass rate which the Nursery has enjoyed for many years.

1971 will see the transfer of this establishment and its responsibility to the new Social Services Department. There has been an increasing tendency in recent years for children to be admitted to the Nursery as social or emotional problems. Gone are the days when the Nursery served as a convenience for the mother to leave her pre-school child simply to go out and supplement the family income. The majority of cases now revolve around the unsupported mother seeking financial and mental stability in outside employment, and the emotionally or socially deprived child seeking the necessary stability and stimulus within the nursery environment. As such the Nursery is predominantly providing a social service, a situation which must be recognised. Its function as a preventive mental health service must also remain.

Montrose Nursery has suffered in the past because of its geographical locality and its extensive and mainly unused woodland grounds. Nevertheless it has provided a necessary service which will have increasing demands made on it. Ideally it should now be supported by an additional nursery on the opposite side of town.

#### Details of Attendances

	Age	1968	1969	1970
Average daily Attendances	0 - 2 2 - 5	10.7 ) 25.0 ) 35.7	8.8 ) 20.9 ) 29.7	10 ) 24 ) 34
Admissions	0 - 2 2 - 5	28 ) 36 ) 64	28 ) 38 ) 66	20 ) 32 ) 52
Discharges	0 - 2	19 ) 43 ) 62	14 ) 42 ) 56	12 ) 36 ) 48



## THE NURSING SERVICES OF THE FUTURE

The air of change which currently prevails in Health Departments, was underlined in the nursing services by certain events in 1970. Firstly there was the decision by the Secretary of State, to set up an independent committee on nursing, under the chairmanship of Professor Asa Briggs. Its terms of reference are 'to review the role of the nurse and midwife in the hospital and the community, and the education and training required for that role, so that the best use is made of available manpower to meet present needs and the needs of an integrated health service.'

Early in the year, the report and recommendations of the working party on the management structure in the local authority nursing services were published. The report gained wide support, and in circular 13/70, the Secretary of State commended its recommendations to local health authorities for early consideration. I doubt if anyone would disagree with these recommendations which are mainly centred around the realisation that demands on the community nursing services are likely to increase and that good management will ensure improved patient care, based on sound nursing policies and effective deployment of nursing staff. With similar management ideas already circulating in the hospital services, the ideal is that sound management structures are established on a comparable basis in hospital and community services as quickly as possible. The Whitley Council is endeavouring to play its part by looking into the grading structure in the local authority nursing services (to bring them into line with the new Salmon structure in the hospital nursing service) and local authorities should now play their part by ensuring that their staff receive the necessary training in management.

One accepts the need for three levels of nursing management - top, middle and first line, and that wherever possible, a chief nursing officer to co-ordinate and direct the three branches of the nursing services - health visiting, home nursing and domiciliary midwifery. Our initial attempts to appoint such an officer have been thwarted because of financial restrictions. Nevertheless the shape of future nursing services was being fashioned in 1970, and local authorities owe it to their nursing staff to ensure that they are geared to take their rightful place in that structure.

### SECTION 23 - MIDWIFERY SERVICE

*Medical Supervisor - Dr. M. G. Mills*

*Non-Medical Supervisor - Miss F. Meacham*

The establishment for the service is 23 midwives and 12 pupil midwives.

The opening of the new Maternity Unit at the Ipswich Hospital in 1970, brought long awaited hospital beds. Its opening, and the present emphasis on institutional confinements, made it inevitable that the 'erosion' on domiciliary confinements should continue. The number of home confinements in 1970 was 743, a reduction of 154 compared with the previous year, but still a high figure compared to other authorities.



	1969					1970				
	Doctor (Not Booked)		Doctor (Booked)		Totals	Doctor (Not Booked)		Doctor (Booked)		Totals
	Primi- para	Multi- para	Primi- para	Multi- para		Primi- para	Multi- para	Primi- para	Multi- para	
LIVEBIRTHS										
No. of cases	-	-	302	673	975	-	-	195	626	821
Delivery by forceps	-	-	10	5	15	-	-	9	2	11
Breech	-	-	-	3	3	-	-	1	-	1
Medical Aid called in during labour	-	-	-	-	-	-	-	-	-	-
Prematures:										
Sent to hospital	-	-	1	1	2	-	-	-	-	-
Remained at home	-	-	6	12	18	-	-	4	8	12
Patient sent to hospital during labour	-	-	53	29	82	-	-	37	30	67
Deaths of infants retained at home (within 14 days)	-	-	-	-	-	-	-	-	-	-
Obstetrician booked and present	-	-	170	267	437	-	-	120	229	349
STILLBIRTHS										
No. of cases	-	-	1	3	4	-	-	-	1	1
Delivery by forceps	-	-	-	-	-	-	-	-	-	-
Breech	-	-	-	-	-	-	-	-	-	-
Medical Aid called in during labour	-	-	-	-	-	-	-	-	-	-
Patient sent to hospital during labour	-	-	-	-	-	-	-	-	1	1
Macerated foetus	-	-	-	-	-	-	-	-	-	-
Obstetrician booked and present	-	-	1	1	2	-	-	-	-	-

1265 Ipswich mothers were delivered in institutions, an increase of 159 compared to 1969, and of these 404 were discharged to the care of domiciliary midwives before the 10th day.

In domiciliary deliveries, the doctor was present before the end of the 3rd stage in 58% of the cases; and in a further 34% of the cases arrived very shortly after the delivery of the placenta. Only in 7.9% of cases was there no doctor present at delivery during the 3rd stage or shortly after. These figures were almost identical to those for 1969, and again reflects the enthusiasm of general practitioners for domiciliary midwifery in Ipswich. I am even more convinced that this should be reflected in the provision of beds in a domiciliary unit adjacent to consultant wards, in the new Maternity Unit

The Peel Report (which considered the future of the Domiciliary Midwifery service and the question of bed needs for maternity patients) which was published during the year, was not opposed to this system in its general recommendation that sufficient facilities should be provided to allow for 100% hospital delivery. Ipswich has a strong domiciliary tradition, and whilst the concept of a unified maternity service might well be accepted, there is in the interests of the patient the ideal of a good hospital service and a first class service provided by family doctors and domiciliary midwives. Providing this within the hospital building gives the patient the best of both worlds and is a concept which is viewed favourably by the hospital obstetricians in this area.

During 1970, there were 11 calls on the Flying Squad where the midwife was present, compared with 4 in 1969.

81 midwives notified their intention to practice in the town.

#### PHENYLKETONURIA

The screening test for detecting phenylketonuria was changed at the beginning of 1970, the old Phenistix test being replaced by the more reliable Guthrie Test. Midwives take a sample of blood from the heel of the infant at approximately 9 days.

#### BRITISH BIRTH SURVEY

The National Birthday Trust Fund carried out a Perinatal Mortality Survey on all babies born during one week and all perinatal deaths occurring over a period of three months in 1958.

In 1970, it was agreed that another survey be carried out under the joint auspices of the National Birthday Trust Fund and the Royal College of Obstetricians and Gynaecologists. The survey included all babies born during the week commencing 5th April, and lasted for one week after the birth.

#### TRAINING OF PUPIL MIDWIVES

The training school for pupil midwives at 7 Lower Brook Street has been a very successful one over the years, but this did not prevent the local and national shortage of pupils for Part II midwifery in 1970 being felt. It was also appreciated that the opening of the new Maternity Unit at Heath Road hospital would result in a higher proportion of institutional confinements

which in itself would mean a rising need for staff.

In order to assist in the training of a pool of midwives, discussions took place with the hospital authorities and a joint training scheme was proposed. The object was for the 1st and 2nd parts of training to be combined in Ipswich, and the approval of the Central Midwives Board to the scheme was obtained.

Under the scheme, an intake of 42 pupils per year, selected jointly by the hospital and domiciliary services was arranged in four quarterly batches which started in November (and thus coming into our domiciliary service in May 1971). The pupils work for six months in hospital, after which their first examination is taken. Then three months domiciliary training is undertaken (during which the pupils are accommodated at 7 Lower Brook Street) and finally followed by three months in hospital before the second examination.

This would supply 8 or 9 pupils in our domiciliary training scheme at any one time, and the balance of the 12 places at our training school will be filled by pupils doing the traditional six months domiciliary training.

## SECTION 24 – HEALTH VISITING

*Superintendent Health Visitor: Miss J. M. Stables*

*9 Lower Brook Street,*

*Ipswich. Telephone: 54311*

There is an establishment for the equivalent of 20½ health visitors. The number in post at 31st December was 2 Centre Superintendents, 1 Geriatric Health Visitor. 13 full-time and 1 part-time health visitors, and 1 full-time and 7 part-time clinic nurses.

Miss J. M. Stables has submitted the following report on the service:-

"During the year Mrs. Kidd and Miss Mears retired from the service. Both of them had given a number of years valuable service in Ipswich and will be missed. The three bursary students completed their training successfully and joined the staff as full-time health visitors in September. Two bursary students are at present undertaking training on the Health Visitors Training Course at the Civic College, Ipswich. The liaison between the Field Work Instructors, the Course Tutor at the Civic College and the Superintendent Health Visitor has been maintained and is of value to all those concerned with the training of Student Health Visitors. It is a matter of regret that so far we have been unable to place a Field Work Instructor in general practice attachment. Looking to future training needs, this is something which will have to be considered. It is obvious that the future pattern of health visiting will undergo changes and will be carried out in attachment schemes with general practitioners. This being so, the need to train students in what will be their future working situation, becomes clear. It is five years since the introduction of a new syllabus of training was introduced by the Council for Training of Health Visitors. This has been reviewed and a revised syllabus and some modification of examination procedure was issued by the Council in September 1970. In the Annual Report for 1967 I quoted from the pamphlet circulated by the Council the international definition, and the definition and

function of a health visitor in the United Kingdom. Since then we have seen the introduction of the Social Service legislation and this has led to re-thinking on the health visitors role. The importance of the promotion of health and the prevention of disease will always be recognised and the need for health teaching is likely to expand.

In the past the health visitor played a major role in the prevention of diseases arising from a faulty environment, and there has been a reduction in many of the conditions with which she has been traditionally concerned. Despite the change in the picture today one continuing trend can still be seen - health visiting will continue to have a medical focus and to approach health promotion from that stand-point.

With the reorganisation of the Social Work Services it is obvious that the proposed new Departments of Social Work will depend on some means of contact with potential users of the service at an early stage. The need for a worker trained in seeking out and capable of identifying social problems which may be presented in the first instance as problems of health, and of providing care, will therefore continue and in this field the health visitor with her nursing background and post-registration training has a unique contribution to make."

#### VISITS BY THE HEALTH VISITORS

The figures recorded for the year are as follows:-

	Number of cases	Number of visits
Children born 1970	1744	5958
Children born 1969	1279	5758
Children born 1965-1968	2749	9721
Total effective visits		21437
Ineffective visits (no one at home)		<u>4894</u>
	Total visits	26331

#### MISCELLANEOUS VISITS 1970

	Number of cases	Number of visits
Persons aged 65 or over	393	
No. of above who were visited at special request of G.P. or hospital	366	2040
Mentally disordered persons	33	
No. of above who were visited at special request of G.P. or hospital	21	258
Persons discharged from hospital (other than mental hospital)	7	101
Tuberculosis households visited	18	85
Household visited on account of other infectious diseases	13	37
Other Cases	<u>260</u>	<u>2396</u>
Total effective visits		4917
Ineffective visits (no-one at home)		<u>287</u>
	Total visits	5204

There was yet another increase in the number of visits undertaken by health visitors, compared with the figures for 1969. What was particularly frustrating however, was the increase in ineffective visits - from 4720 in 1969 to 5181 in 1970. Whilst this is accepted as part of the health visitors task, nevertheless it remains particularly galling in these heavily committed times that almost one sixth of all visits should be ineffective.

## ATTACHMENT

A very modest start to attachment was made in 1969, when two health visitors were attached. Despite the national encouragement for attachment the problems which beset each authority are individual ones, and at the onset this was a trial for both sides. It was obvious in 1970 that it was a very successful one, and that the family doctor, the health visitor, and more important the patients had benefitted. These experiences in attachment have mainly been similar to those generally found, although in Ipswich, the mileage run by the Health Visitor doubled. This is the only price we are paying for a better service to more patients by members of staff who are much more satisfied with their job.

Unfortunately, plans for further attachment could not materialise because of the inevitable financial restrictions though further 'attachments' are planned for 1971.

## SECTION 25 - HOME NURSING SERVICE

*Superintendent - Miss D.A.I. Street (retired 31st December)*

*Headquarters - Allington House, Woodbridge Road. Telephone 78631*

Some revision of the home nursing establishment was necessary as the demands on the service continue to increase each year.

It is significant that with the increase in the number of old people in the community and the increasing number of terminal care and rehabilitation cases at home, the visits tend to take longer than those of the more acute cases. As the work load increases, and more chronically infirm patients are dealt with, so does the need for bed bathing. In view of this, provision was obtained in 1970, for two nursing auxiliaries, to carry out this work, and so help ease the involvement of the district nurse. Welcome as this was, the surge of visits in the service means that this has only temporarily stemmed the tide and staffing problems still remain. The present establishment is 1 Superintendent, 25 District Nurses and 2 Auxiliaries.

Miss D. Street, Superintendent, retired at the end of the year, and Mrs. F. Gardiner, her successor has submitted the following report:-

### " STUDENTS ON DISTRICT

Lectures have been given to Student Nurses from Ipswich and East Suffolk Hospital, Pupils Nurses from St Helen's Hospital and Pre-Nursing Students from Civic College. Student Nurses and Pupil Nurses have spent a morning out with the District Nursing Sisters.



## REFRESHER COURSES

Sister Wright and Sister Merritt attended a Refresher Course at the Royal College of Nursing, Birmingham in June.

## DISTRICT NURSE TRAINING

Four members (two male, two female) of Staff have just completed a three months course for the National District Nurse Training Certificate and are awaiting their results.

Miss Street, who has been Superintendent with this Service for the past 7½ years, retired at the end of December.

There has been some difficulty in recruitment throughout the year and the Service has worked under pressure with a considerably increased case load. Our total visits have increased by 10,612 although the number of cases has decreased by 4.

This large increase in visits is due to:-

- Earlier discharge from hospital
- More elderly patients nursed at home and living longer
- Some patients require two or three visits each day

There is an urgent need for an increase in the establishment, possibly by State Enrolled Nurses, who will be the practical nurses of the future, and also in Ancillary Staff.

A pilot scheme for C. S.S.D. is expected to commence early in the New Year and should be fully implemented by mid 1971. This will enable us to give a better service to the Community."

Details of cases attended during the year were:-			1969	1970
Number of patients visited			1,496	1,492
Number of patients under 5 years		23		23
Number of patients over 65 years		1,044		1,039
Total number of nursing visits made		69,010		79,622

	No. of cases attended by Home Nurses during the Year			No. of visits paid by Home Nurses during the Year		
	Male	Female	Total	Male	Female	Total
Medical	360	779	1139	18601	43679	62280
Surgical	116	165	281	5846	9659	15505
Tuberculosis	7	6	13	271	990	1261
Maternal Complications	-	36	36	-	412	412
Others	-	23	23	-	164	164
TOTALS	483	1009	1492	24718	54904	79622
Totala for 1969	518	978	1496	20286	48724	69010

Thoughts of attachment of district nurses grew stronger in 1970, encouraged by interest amongst family doctors. Unfortunately again, action is impossible with the prevalent financial restrictions.

## SECTION 26 - VACCINATION AND IMMUNISATION

The effects of the latest schedule of vaccination and immunisation introduced in late 1968, and of our own improved clerical procedure (also introduced at the time of the new schedule) were showing themselves in 1970. There is still room for improvement however, dependent on the effectiveness of the follow up system, and the figures for 1971 will give clearer guidance on this.

The number of children who received booster injections during 1970 was understandably down, with the withdrawal of the 18 months booster in the latest schedule.

The letter to parents explaining vaccination and immunisation which we have specially produced in the Italian and Urdu languages to cater for the immigrant population, proved popular beyond Ipswich. Many requests were received from local authorities and Executive Councils throughout the country asking for details.

The introduction of a new form (HMR) in hospitals, whereby details of any patient commencing a course of tetanus immunisation in hospital are automatically conveyed to the local health authority and general practitioner, was particularly welcomed in 1970.

New forms of both smallpox and cholera international certificates were approved by the World Health Assembly in 1970, and were scheduled to be introduced on 1st January, 1971. The main differences in the new form are that doctors will need to record the name of the manufacturer of the vaccine on the smallpox certificate, and to sign either certificate by hand.

### VACCINATION AGAINST RUBELLA

Circular 11/70 introduced vaccination against rubella (german measles) into the schedule of vaccination and immunisation. It is offered to girls 11 to 14 years of age, although initially priority is being concentrated upon the older girl i.e. those in their 14th year. Vaccination is aimed to protect women before they reach child bearing age, because of the known associations of foetal abnormalities with rubella infection in the mother.

Vaccine is being supplied free until 31st March, 1971, although there were restrictions on supply.

### Vaccination against Smallpox

Age Groups	Primary Vaccinations		Re-vaccinations	
	By G.P.'s	By L.A.	By G.P.'s	By L.A.
Under ) 0 - 3 months	-	1	-	-
One ) 3 - 6 months	1	-	-	-
Year ) 6 - 9 months	2	-	-	-
9 - 12 months	4	4	-	-
1 year	445	466	5	-
2 - 4 years	154	138	10	5
5 - 15 years	60	56	801	80
Over 15 years	224	28	604	29
	890	693	699	114
	1583		813	

TABLE 1 - COMPLETED PRIMARY COURSES

Type of Vaccine or Dose	YEAR OF BIRTH											Others Under Age 16			TOTAL
	1970		1969		1968		1967		1963 & 1966						
	L.A.	G.P.	L.A.	G.P.	L.A.	G.P.	L.A.	G.P.	L.A.	G.P.	L.A.	G.P.	L.A.	G.P.	
Triple	3	6	687	533	199	167	29	9	6	39	6	6	-	1684	
Diphtheria/Tetanus	-	-	-	3	-	2	2	-	5	63	5	12	2	89	
Tetanus	-	-	-	-	-	3	-	3	3	5	3	62	47	123	
Poliomyelitis	2	7	666	526	194	189	25	15	18	191	18	17	2	1852	
Measles	-	-	457	285	251	301	89	138	204	112	204	10	36	1883	
TOTAL immunised against Diphtheria	9		1223		368		40		113			20		1773	
TOTAL immunised against Whooping Cough	9		1220		366		38		45			6		1684	
TOTAL immunised against Tetanus	9		1223		371		43		176			67		1896	
TOTAL vaccinated against Poliomyelitis	9		1192		383		40		209			19		1852	
TOTAL vaccinated against Measles	-		742		552		227		316			46		1883	



## TABLE 2 - REINFORCING DOSES

Type of Vaccine or Dose	YEAR OF BIRTH												Others Under Age 16		TOTAL
	1970		1969		1968		1967		1963-66						
	L.A.	G.P.	L.A.	G.P.	L.A.	G.P.	L.A.	G.P.	L.A.	G.P.	L.A.	G.P.			
Triple	-	-	3	1	65	76	29	32	145	215	10	12	588		
Diphtheria/Pertussis	-	-	-	-	-	1	-	1	-	11	-	2	15		
Diphtheria/Tetanus	-	-	-	-	-	3	5	10	633	401	34	36	1122		
Diphtheria	-	-	-	-	-	-	-	-	4	1	-	1	6		
Tetanus	-	-	-	-	-	2	-	1	6	35	147	187	378		
Poliomyelitis	-	-	4	6	21	55	5	32	808	570	36	53	1590		
TOTAL immunised against Diphtheria	-	-	4	4	145	77	77	1410	95	1731					
TOTAL immunised against Whooping Cough	-	-	4	4	142	62	62	371	24	603					
TOTAL immunised against Tetanus	-	-	4	4	146	77	77	1435	425	2087					
TOTAL vaccinated against Poliomyelitis	-	-	10	10	76	37	37	1378	89	1590					

## SECTION 27 - AMBULANCE SERVICE

*Chief Ambulance Officer: R. M. Hopwood*

*Headquarters: Wolsey Street. Telephone 56407*

The emphasis on training was continued in 1970, and the creation of Training Room facilities towards the end of the year has at least provided the accommodation facilities for local training. Unfortunately the manpower demands on the service do not at present leave much flexibility for this to be introduced except on a very limited scale.

The number of patients continues its upward spiral, and the opening of the Geriatric Day Unit has added to the continual demands on the service. How much those demands have increased over the years is shown in the accompanying graph (page 46) and there is no reason to believe that the apex has yet been reached.

Mr. R. M. Hopwood, Chief Ambulance Officer, has submitted the following report on the service:-

Staff:-	1 Chief Ambulance Officer
	1 Station Officer
	1 Training Supervisor
	5 Shift Leaders
	23 Driver -Attendants
Vehicles:	8 Ambulances
	3 Dual Purpose Vehicles
	1 Sitting-Case-Car

### GENERAL

After operating the re-organised service for twelve months the efficiency of the service has improved immensely particularly during the 'out of office' hours when inadequate supervision and control of the service was previously a problem.

In the course of the development of the service most of the staff have been sincere 'first aiders', a factor which is of prime importance and one in which many services have not been so fortunate. For some years further encouragement has been fostered and a number of the staff have volunteered their own time to develop further their knowledge and skills. Indeed the team which took seventh place in the 1969 national finals of the National Ambulance Aid Competition were even more successful in 1970 by winning two regional trophies, the national attendant award and also jointly with the Norfolk team won the highest national award, awarded to the region with the highest overall marks. This spirit of competition has had the effect of raising the standard of efficiency throughout the service to a high degree and proves the real value of training.

I am pleased to report that a second member of the staff qualified as a graduate member of the Institute of Ambulance Officers during 1970.

Professional training for all ambulance staff has also been introduced and staff are currently attending established centres for appropriate training

courses. In addition, very limited modifications to the premises have been carried out in order to introduce our own very necessary local training programme during 1971. It is unfortunate that no better accommodation is yet available for this emergency service for throughout its development great care has always been taken to ensure that the service is run on the most economical lines and though the annual review of services run by similar authorities shows Ipswich to be one of the most economical it would be wrong to mistake economy for efficiency. A service cannot provide for every eventuality but should be in a position at all times to respond quickly in the case of accidents and other emergencies. I am a little apprehensive about the pending situation when four of the staff will always be absent, during the summer months taking annual holidays, and in the winter months when staff attend training courses and there are additional absences due to sickness. No arrangement to relieve this new situation exists and I am anxious to make a permanent positive arrangement by employing full-time relief staff.'

#### Details of Cases Dealt with

##### AMBULANCES

	1968	1969	1970
Maternity	440	406	389
Midwives	144	115	70
Accidents	874	782	773
Emergencies	2592	2936	2808
Infectious	3	5	4
General	9217	9854	11055
	-----	-----	-----
	13270	14098	15099
Sitting Cases	21468	22615	22858
	-----	-----	-----
Grand Totals	34738	36713	37957

##### HOSPITAL CAR SERVICE

No. of journeys undertaken	1018	1058	822
No. of patients carried	4375	4825	3964
No. of miles run	17103	19522	16812

80 patients were conveyed 6,220 miles by rail.

#### EAST SUFFOLK COUNTY COUNCIL

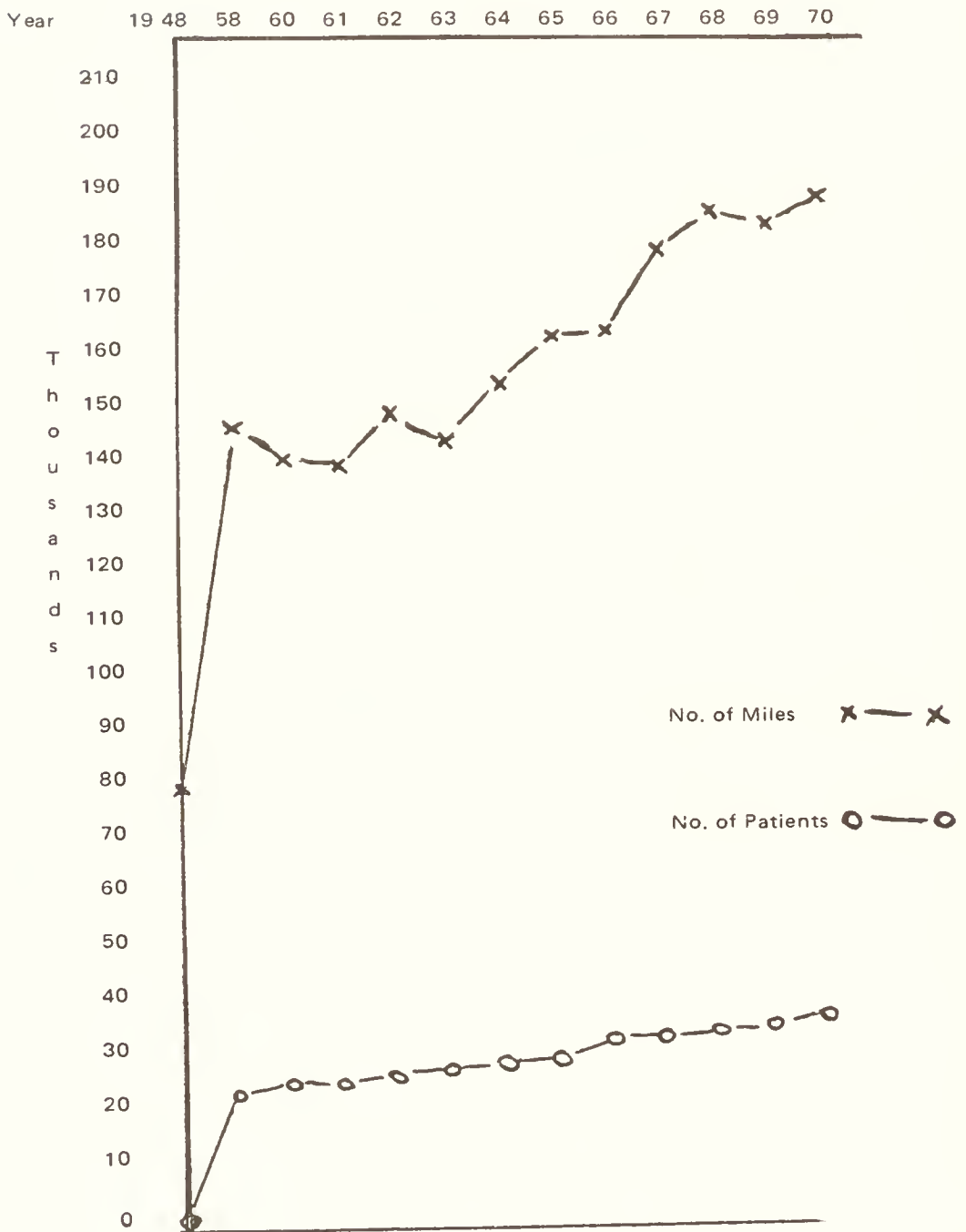
The long standing arrangement for co-operation and mutual aid between the two authorities continued as in previous years. 1,234 cases were transferred to the County Council's ambulance service during the year.

### SECTION 28 (incorporated with Section 12 of Health Services and Public Health Act 1968) PREVENTION OF ILLNESS, CARE AND AFTER CARE

#### B.C.G. VACCINATION

B.C.G. testing and vaccination of children aged 13 years and over is carried

## IPSWICH COUNTY BOROUGH AMBULANCE SERVICE



This graph shows the increased demands and the rate of growth since the inception of the Health Scheme in 1948

out in schools. Details are included in the Annual Report of the Principal School Medical Officer.

### TUBERCULOSIS

Close co-operation exists between the local authority and the hospital services. When notifying a case of tuberculosis, the Chest Physician encloses an environment report form which is completed by the Health Visitor. Arrangements are then made for the contacts to be followed up.

### CARE AND AFTER CARE EQUIPMENT

Various items of equipment are available from the Health Department and during the year included the following:-

Back rests, bedstead, blankets, elbow crutches, hoists, mattresses, pillows, speech training aids, walking aids, commodes, bath safety rails, bedpans, urinals and stocking aids.

Possum equipment with an electric typewriter terminal was provided for a 14 year old girl, currently at the Palace School, Ely, who suffers from partial hearing and gross spasticity. She was unable, because of her spasticity, to communicate except by very limited gestures and facial expressions, but with the possum equipment she is now able to communicate by the written word, albeit rather slowly.

Nursing equipment and apparatus is provided through the St. John Ambulance Association (Local Comforts Depot) to whom an annual contribution is made by the Corporation.

### HEAF TESTING

Heaf testing of school children was continued during the year and the results are given in the report of the Principal School Medical Officer.

### THE PREVENTION OF BREAK-UP OF FAMILIES

The arrangements of co-ordinating the work of the various social agencies continued during 1970. The annual contribution of £250 was made towards the cost of providing an N.S.P.C.C. Social Worker.

### CHIROPODY

Number of persons treated during the year:-

	By Local authorities	By voluntary organisations	Total
Persons aged 65 and over	3208	-	3208
Expectant Mothers	5	-	5
Others	29	-	29
Total	3242	-	3242

Number of treatments given during year:

	1967	1968	1969	1970
In Clinics	8145	8234	9756	9825
Domiciliary	2661	2864	3710	4039
Old People's Homes etc.	945	785	917	947
	-----	-----	-----	-----
Total	11751	11883	14383	14811

Number of sessions given during the year:

	1967	1968	1969	1970
Clinics	1257	1255	1492	1485
Domiciliary	577	627	810	908
Old People's Homes etc.	124	104	123	130
	-----	-----	-----	-----
Total	1958	1986	2425	2523

During the year, the demand for this very necessary service has continued to increase, and during the past five years, the number of treatments given has advanced from 10551 in 1966 to 14811 in 1970. The number of sessions has also correspondingly increased from 1758 to 2523, and yet the latest figure is insufficient to cope with the demand. I am sure that we must accept that the calls on the service will continue to increase, and the resignation of a full-time chiropodist towards the end of the year has highlighted another problem which most authorities must face in running the service - that of a shortage of chiropodists. No replacement had been appointed at the end of the year, and with prospects bleak, there could be serious repercussions in 1971.

#### FAMILY PLANNING

There has been a rapid increase in the work of this service, there being 3944 consultations during the year compared with 2596 in 1969 and 1091 in 1968. This represents a 46% increase in the year. Of these consultations 689 were in respect of new patients.

Steady efforts are being made to reach the less well to do who are less likely to seek help themselves. A further small move has been made in this direction and our figures show well the success that has been achieved particularly in social group IV.

#### Social Class of Population of Ipswich and percentages

I	II	III	IV	V
2.8	12.4	54.1	18.9	9.2

#### Population attending Clinics

0.93	10.3	45.4	37.2	6.8
------	------	------	------	-----

#### CERVICAL CYTOLOGY

Comparatively few women attend for cytology only, though during the year 102 did so. Of these 47 had swabs taken and 30 required treatment for a previously unrevealed infection.

Most of the patients for whom cytology was undertaken presented previously for family planning. A total of 594 smears were taken two of which needed active gynaecological treatment following abnormal smears. A further two were booked for repeat of doubtful tests.

Here again a move towards the lower social groups is attempted but it is significant that less than 50% of the tests are being done for patients over 35 years of age.

ATTENDANCES FOR CERVICAL CYTOLOGY

SOCIAL CLASS

One		Two		Three		Four		Five	
1969	1970	1969	1970	1969	1970	1969	1970	1969	1970
1.5%	3%	15.5%	17%	58%	46%	22%	29%	3%	5%

AGE

20 & under		21 - 25		26 - 30		31 - 35		36 & over'	
1969	1970	1969	1970	1969	1970	1969	1970	1969	1970
2.5%	6%	10%	14.5%	20.5%	18.5%	22%	20%	45%	41%

PARITY

Nil		One		Two		Three		4 & more	
1969	1970	1969	1970	1969	1970	1969	1970	1969	1970
11%	16.5%	15%	14%	40%	41.5%	21%	16%	12%	12%



## MASS RADIOGRAPHY SURVEY

The progressive X-ray survey of all adults in the town which commenced in late 1969, was continued during 1970. Two further areas were covered in April and October, and the same techniques adopted in the initial survey were employed. The two areas involved approximately two electoral wards of the town, and of the available population of 10,748 over the age of 14 years, 6958 persons attended. Of those who attended, 113 were recalled, and 55 persons were found to have significant abnormalities. In the surveys to date it has been surprising how many people have been discovered with X-ray evidence of old pulmonary tuberculosis. There were 64 found in 1970, and these are being kept under observation.

Since the scheme was introduced, three stages have now been carried out. Of the available population of 16,374, there have been 10,820 people who have attended - a 66% attendance rate. This rate of attendance has been consistent in all three stages, and whilst a little disappointing, different methods of approach have so far failed to bring about any improvement. The results have nevertheless been worthwhile. To date, 91 cases with significant abnormalities have been detected, and 94 people placed under observation with evidence of old tuberculosis conditions. It is anticipated that two more stages of the survey will be carried out in 1971.

## HEALTH EDUCATION

Our role in educating the public in the principle of good health and preventive medicine is a difficult one on a limited budget and with no Health Education Officer.

In such circumstances, it is left very much to the drive of individual members of the staff sufficiently interested in health education, and often this means at the expense of their other work. Any progress therefore in the health education field is to be commended. Health visitors, nurses, doctors, and public health inspectors play their part, but combined as an effective force, the impact would be far greater. To co-ordinate this, and the host of ideas which are circulating in health education work, is the job of a Health Education Officer, and until such an appointment is made, any progress will be difficult.

However, the main effort in the health education field in 1970, was the visit of the Health Education Council Mobile Unit in June. The theme was Weight Control, and was linked with a seminar on this subject by the Health Education Council team. This seminar was held at Chantry Clinic, and the main speakers were Dr. A. J. Wood who spoke on present knowledge regarding weight control and Mr. D. L. Porter on methods of education on weight control.

The Unit was then incorporated in the Corporation exhibition at the Suffolk Showground for two days and attracted 729 people. There was added satisfaction in that the exhibition won 1st Prize for the best non-agricultural exhibit. On the third day the Unit moved into town, on display, and despite restricted hours, 285 people passed through the display, which in the time allowed, was a record for the Unit.



## SEX EDUCATION IN SCHOOLS

The B.B.C. programme on sex education in schools in 1970 caused considerable comment when details were announced. A lot of the publicity was unnecessary and sensational, and eventually the uproar subsided. The filmstrips and films were viewed by members of the staff together with representatives of the local schoolteachers, and generally they were accepted. Their contents were basic and simple, and whilst the main discussion centres around the age of children to whom they were to be shown, ultimate responsibility in any event rested with the headteacher.

Our own efforts in sex education in the senior ages were successful, the series of talks given by Dr. J. Brown, proving extremely popular. One interesting survey was carried out amongst a 4th Year Group, who were shown two films on the birth of a baby. One film in black and white presented the situations as simply as possible, the second film, in colour, had all the gloss of the commercial film. There was a 3 to 1 response amongst the pupils in favour of the black and white film!!

In addition the normal programme of health education was continued, Health Visitors were involved in displays and talks in clinics and schools; the public health inspectors and other members of staff in talks to various organisations in the town. The series of articles on health education subjects in the local newspaper was continued, although pressure of work restricted the number of articles.

The monthly staff bulletin maintained its size (32 pages) and indeed towards the end of the year, a 'sister' publication, 'Health News' was introduced. This is intended to appear between editions of the Bulletin, with the more topical information for staff. This at least enables the staff to be 'educated' in what is happening in the department - valuable education indeed!

## DRUGS

The group of doctors, teachers and others working with young people, continued to meet during the year to keep abreast of changes in the drug situation in the area. Education of teachers, who have immediate contact with children in school was continued and brought up to date. Little serious drug problem exists in the town but drugs are undoubtedly available and our aim has been to educate in the hope of preventing a real problem developing. Amphetamines are of course, almost non existent in the town, and thanks to responsible prescribing by family doctors, the consumption of barbiturates is falling.

## VISITS TO IMMIGRANTS

COUNTRY Where passport was issued		Number of Advice notes* received from ports and airports	Number of first success- ful visits paid to immi- grants
(a)	Commonwealth Countries		
(i)	Caribbean	27	25
(ii)	India	4	-
(iii)	Pakistan	27	14

## VISITS TO IMMIGRANTS (continued)

(iv)	Other Asian	16	9
(v)	African	6	2
(vi)	Other	8	1
(B)	Non-Commonwealth Countries		
(i)	European	8	3
(ii)	Other	4	-
(c)	Total	100	54

\* Advice of arrival of immigrant

## SECTION 29 - HOME HELP SERVICE

*Organiser: Mrs. C. M. Lilley**Headquarters: 9 Lower Brook Street**Telephone 54311*

The publication of the Government Social Survey on the Home Help Service in England and Wales in 1970, was based on a survey carried out three years earlier. One of the main conclusions was that to satisfy the needs of present recipients of the service and to provide home help for those eligible by present standards but not currently receiving it, the size of the home help service would need to be increased to between two and three times its present size. There was also a general charge that there was widespread ignorance of the home help service amongst the elderly.

As far as Ipswich is concerned these are not the immediate problems. Our main problem is one of recruitment. The necessary financial provision is available for the service, but it becomes increasingly difficult to obtain home helps who are able to cope with the work involved. The nucleus of the home help service has been the women in the 50+ age group: who have been used to the conditions in which many of the elderly live today with very little modern amenities and who were recruited in the 1950's and early 1960's. Now that nucleus is being threatened as the women concerned themselves become of retirement age. It is difficult to replace them adequately, because many of the modern housewives are not geared to coping with the circumstances in which some of the elderly live. Their initial enthusiasm to help the aged, often quickly diminishes when adverse conditions are encountered.

Nevertheless the demands on the service continue, as follows:-

	Aged 65+ on first visit	Home Help to household for persons aged under 65 on first visit during year				Total
		Chronic Sick & T.B.	Ment. Disordered	Mater-nity	Others	
1970	1040	63	5	76	74	1258
1969	1019	65	2	65	56	1207
1968	988	2	-	95	109	1194
1967	842	-	-	133	188	1113

During the year a total of 134478 hours of help were provided compared with 127,138 in 1969.

At the end of the year 275 home helps were being employed all on a part-time basis.

Our responsibilities for the Home Help Service cease under the Social Services Act. As part of the social services umbrella the service will have an advantage in being under one department concerned with the welfare of the elderly in general. The link with health in this particular service is however close and real enough to insist on the closest co-operation in the future between our respective staff.

## SECTION 51 - MENTAL HEALTH SERVICE

*Mental Health Officer: Mr. R. G. Wythe*

*Headquarters: 9 Lower Brook Street.*

*Telephone 56986*

Mr. R. G. Wythe has submitted the following report on the service  
 "With the appointment of a Director of Social Services and the pending integration of the Mental Health Service into the Social Services Department this will be the last report by the Medical Officer of Health on the Mental Health Service

### STAFF

This year saw many changes in staff. A new trainee (female) was appointed, Mr. Brown, who was seconded to the two year course for the Certificate in Social Work successfully completed the course and has been appointed Mental Welfare Officer. Another Mental Welfare Officer left to take up a similar appointment elsewhere and the vacancy was filled by a qualified person.

The establishment now is:-

One Mental Health Officer,

Four Mental Welfare Officers (two of whom are qualified)

One Trainee

Staffwise the service is in a much better position than at anytime in the past. There is no room for complacency for more staff invites more work and the officers find themselves fully committed.

### CO-ORDINATION WITH HOSPITAL AUTHORITIES

(Mental Illness)

Weekly case conferences are held in close co-operation with the medical staff of St. Clements Hospital. 296 referrals were made to the service. This figure does not represent in anyway the amount of work which results from such referrals.

## SUMMARY OF ADMISSIONS

Form of Admissions	Male	Female	Total
Informal Admissions	46	72	118
Section 25 (Observation)	14	30	44
Section 26 (Treatment)	-	1	1
Section 29 (Emergency)	34	30	64
Section 60 (Court Order)	5	1	6
Section 136 (Assisting Police)	-	-	-
Return from leave of absence	15	20	35
Total number of admissions	114	154	268

## THE MENTALLY SUBNORMAL

28 children were provided with short term care, 6 of these being provided for privately by the Local Authority. Two adult females were admitted into permanent care. The waiting list for permanent care stands at 20 of which 7 patients are on the critically urgent list. This year has brought its problems regarding short term care since Little Plumstead Hospital closed its doors to short term care admissions. An infection at the Ida Darwin Hospital during the latter part of the year disrupted the programme. It is reasonable to suppose that the permanent care list would be greatly reduced and the short term care problem eased if a hostel could be provided locally to afford relief for over-burdened parents.

## NUMBER OF CASES UNDER COMMUNITY CARE

	Male	Female	Total
Community Care	156	114	270
Guardianship	-	-	-
	156	114	270

## NUMBER OF IPSWICH PATIENTS IN SPECIAL HOSPITAL

Males	104
Females	76
	180

## MENTAL HEALTH ACT 1959 (Subnormality)

	Males	Female	Total
Cases notified by Local Education Authority and placed under Community Care	5	1	6
Notified from other sources and placed under Community Care	3	2	5
Notified by Police and Courts and placed under Community Care	1	-	1
Total number of cases reported during 1970	9	3	12

Of the six cases notified by the Local Education Authority two are attending Heathside, one is at normal school and three are Beacon Hill School leavers.

#### FACILITIES FOR TRAINING

The following table gives details of patients in attendance at Heathside Training Centre and the Marguerite Jefferies Adult Workshop.

	Males	Females	Total
Severely Subnormal under 16 at Heathside	30	27	57
Severely Subnormal 16 and over at Heathside	9	8	17
Subnormal under 16 at Heathside	-	1	1
Subnormal 16 and over at Heathside	2	1	3
Severely Subnormal 16 and over at the Marguerite Jefferies Centre	10	7	17
Subnormal 16 and over at the Marguerite Jefferies Centre	14	6	20

In addition to these figures 5 patients are accommodated from East Suffolk 3 attending Heathside and 2 at Whip Street. The present work situation makes it very difficult to place trainees into independent employment."

#### MARGUERITE JEFFERIES TRAINING CENTRE, GT. WHIP STREET.

*Manager: K. E. Howland*

*Telephone 58170*

Hopes of making a start on the Phase II extension of the Centre, were again dashed by the continuing financial restrictions. Unfortunately the longer the extension is delayed, the greater will be our problems in catering for adult trainees as the number of adults is gradually rising.

Mr. K. E. Howland, Manager, has submitted the following report on the progress of the Centre during the year.

"The level of attendance (95%) amongst the trainees was again high. There was some falling off of industrial contract work, probably due to the general industrial scene. Occasionally difficulties can arise in obtaining suitable work within the scope of unskilled instructional staff, and the problem is further exacerbated by the discharge of high grade trainees to industry which reduces the average potential of the trainees at the Centre, thus demanding greater ingenuity on the part of the staff.

New projects undertaken included the sub-assembly and packing of C.S.S.D. supplies for the nursing services. Laundry and repair of aprons etc. is being carried out at the Centre together with the care and maintenance of the building and grounds.

Handicraft production has increased in relation to contract work and is yielding a high level of occupation and income."



## HEATHSIDE TRAINING CENTRE, HEATH ROAD

*Supervisor: Mrs. F. E. Howell (retired 17th July)**Miss K. E. Lane (appointed 6th July)**Telephone 75508*

Mrs. F. E. Howell, who had been Supervisor at the Centre since 1961, retired at the end of the summer term. Her successor, Miss K. E. Lane has submitted the following report:-

"It has been quite an active year. Besides the usual lessons, ballet classes have been taken twice a week by a voluntary qualified teacher, Mrs. Johnson. Mrs. Laws, our voluntary pianist, has also visited the Centre twice a week to play for us. In December we welcomed a new pianist, Mrs. Payne, who arrived at an opportune moment when Mrs. Laws had to cut her visits from twice a week to once a week. We are greatly indebted to these friends for their help.

During the summer the Seniors went to Felixstowe for the day, travelling by train, which was a new experience for most of them. For another outing four classes combined and spent a very enjoyable day on the beach at Sizewell.

Mrs. F. E. Howell retired in July after having been Centre Supervisor for nine years.

The childrens' health and attendance has been generally very good except for several cases of jaundice during the Autumn Term, and the death of two children earlier in the year - one whilst on holiday at the Ida Darwin Hospital and the other, who had been in failing health, in the Ipswich Hospital.

Through the kindness of the proprietor of the Gunton Hall Holiday Camp; four children from the Centre enjoyed a free holiday from September 12th-19th. The Parents Association kindly provided pocket money and some clothes, and two parents took the children and brought them home again. From all accounts they had a lovely time.

Since September we have been very fortunate in having the use of the Parents Association Mini-bus free of charge for transporting eight children to and from free riding lessons, which are being generously provided by the Association of Riding for the Disabled.

We have also been able to use the Mini-bus to take the children on trips to the seaside or shops. At Christmas many of them went into town to see Father Christmas at the Co-op.

The benefits, both from horse riding and the excursions, are quite evident in the increased conversation, general interest and alertness of the children. We are most grateful to all those who have made these facilities available

During the Autumn Term we invited parents to a series of Open Evenings, which were attended by approximately 62% of the families.

The Christmas concert (a nativity play and some singing and dancing) was enjoyed by parents and friends.

The Parents Association kindly paid for the childrens' Christmas presents and party. Other donations have been received from the Ipswich Guides, the 'B' team Darts Club, and a girl of 12, who with the aid of her family held a Jumble Sale.

Numerous other friends have given toys, books, sweets etc. for the children.

Thanks to a very willing and co-operative Staff I have been able to settle in at Heathside quickly, and feel at home here."

### VOLUNTARY ORGANISATIONS

The Mental Health Service is fortunate in the help and assistance that is readily contributed by Voluntary organisations and individuals in the area.

The Ipswich Mental Welfare Association arranged their usual transport for relatives to distant hospitals. Financial assistance is offered to those in need. The Mental After Care Association provides a hostel in an effort to rehabilitate the recovering mentally ill, and at the end of the year eight Ipswich residents were supported in the hostel.

Both the Training Centres benefit from the activities of the Ipswich Society for Mentally Handicapped Children. We are indeed grateful for the generosity of this organisation, together with that of other donors during the year.

On the social side the activities of the Gateway Club continued to be favourably received amongst the trainees. The Club meets at Heathside and is run on similar lines to other Youth Clubs in the town. It helps provide an excellent medium for the social training of its members.

### NOW IS THE HOUR....

Legislation introduced in 1970, will mean that early in 1971, our connections, with the Mental Health Service will be lessened. The Mental Health and the Adult Training Centre become part of the Social Services Dept, whilst responsibility for the Heathside junior training centre passes to the Education Department.

I hope that progress will be made, perhaps more rapid progress, under the new management.





### SECTION III

## PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

Infectious Diseases

Tuberculosis

Venereal Disease

## NOTIFICATIONS OF INFECTIOUS DISEASES

The accompanying tables give details of the notifications during the year. Comparisons with the previous year are:-

	1969	1970
Measles	279	1232
Dysentery	4	89
Scarlet Fever	31	26
Acute meningitis	5	3
Encephalitis	1	-
Typhoid Fever	2	-
Food poisoning	14	26
Whooping Cough	2	1
Infective Jaundice	6	33
Ophthalmia Neonatorum	-	1

## COMMENT

1970 turned out to be an epidemic year for measles. 1232 cases were notified, which was the highest total since 1967, when there were 1438 cases. In comparing these two years the percentage of pre-school children who contracted the disease is almost identical - 56% of the total cases in 1970, and 57% in 1967 - despite the introduction of measles vaccination. Measles vaccination, in my view a most valuable prophylaxis, has still not been accepted by all general practitioners in spite of overwhelming evidence of its value. That side effects are slight was confirmed by our own investigation published by Dr. Bush which showed no fall in school attendance by children in the 2 weeks following vaccination.

Infective jaundice, as a milder disease than in former years, has smouldered on through the year. It is a most difficult condition to control in a highly mobile population.

## AGE AND SEX DISTRIBUTIONS OF THE NOTIFICATIONS OF TUBERCULOSIS

AGE	Pulmonary			All others forms			Total 1970			Total 1969
	M	F	T	M	F	T	M	F	T	Persons
- 1	-	-	-	-	-	-	-	-	-	-
1 - 5	-	-	-	-	-	-	-	-	-	-
5 - 10	-	-	-	-	-	-	-	-	-	-
10-15	-	-	-	1	-	1	1	-	1	-
15-20	-	1	1	-	-	-	-	1	1	-
20-25	1	-	1	-	1	1	1	1	2	-
25-35	1	1	2	2	1	3	3	2	5	-
35-45	-	1	1	1	-	2	1	2	3	2
45-55	1	1	2	-	1	-	1	1	2	2
55-65	1	-	1	1	1	2	2	1	3	5
65 & over	2	2	4	-	1	1	2	3	5	7
Totals	6	6	12	5	5	10	11	11	22	16

## NOTIFICATIONS OF INFECTIOUS DISEASES (excluding Tuberculosis)

[illegible]

I am grateful to Dr. C. J. Stewart, Consultant Chest Physician for the following statistics on the general situation in Ipswich:-

	Respiratory			Non-Respiratory				
	M	W	child	T	M	W	Child	T
No. of cases on register at 1st January, 1970	74	34	5	113	4	13	-	17
No. added to register during year	5	6	-	11	5	5	1	11
Transfers in during year	2	-	-	2	1	-	-	1
No. of cases removed from register	Recovered	3	2	22	1	3	-	4
	Died	3	-	5	1	-	1	2
	Others	-	1	3	1	-	-	1
No. of cases on register at 31st December, 1970	57	37	2	96	7	15	-	22

### VENEREAL DISEASE

Liaison with the V.D. Clinic was carried out by the Senior Health Visitor, and upon her retirement in September, the Superintendent Health Visitor assumed these duties. A weekly visit is paid to the Clinic.

The work includes the tracing of contacts of known cases of infection attending the Clinic and persuading these contacts to attend for examination, and if necessary, treatment; the follow up of cases who default on treatment; and the follow up of re-examination cases, at the request of the Consultant Venereologist.

The number of Ipswich patients dealt with during the past five years is as follows:-

	Syphilis	Gonorrhoea	Other Venereal conditions	Total
1966	9	134	233	376
1967	16	114	318	448
1968	12	135	401	553
1969	8	119	546	673
1970	22	152	844	1018

The increase is significant and disturbing, though in part it may be accounted for by greater efforts in contact tracing. The figures do not represent a total of 1018 separate patients as some patients suffer from more than one of the sexually transmitted diseases.

**SECTION IV**  
**MISCELLANEOUS**

Medical Examination of Staff

Meteorological Notes

Registration of Nursing Homes

Fifty Years Ago

## MEDICAL EXAMINATION OF STAFF

1075 medical questionnaires were completed during the year. Medical examinations were carried out on 339 persons.

## METEOROLOGICAL REPORT

1970 was notable for its warm and exceptionally dry summer in which East Anglia enjoyed some of the best weather throughout the country. It was, indeed, the driest East Anglian summer on record with only 3½ inches of rain being recorded from May to August inclusive (thus beating even the famous drought of 1921). In contrast, there were 27 rainy days in April and with a November rainfall of 5.61 inches the total rainfall for the year was just about average.

January was an exceptionally dull, gloomy and generally wet month with measurable rain falling on all but 10 days and some cold weather during the first week during which the temperature failed to rise above freezing point (32°F) on the 5th. Although brighter than January, February was another wet month with only 9 rainless days and a good deal of snow and occasional gales between the 12th and the 20th. March was a generally drier month but, with a good deal of cold weather during the first half, much of the precipitation during the first week occurred as snow. Ground frosts were widespread, occurring locally on 21 nights. April started off most unpleasantly with cold weather and considerable falls of snow and hail during the first 11 days; subsequently, temperatures rose considerably but the weather remained generally unsettled and the month was one of the wettest Aprils on record.

Then came the transformation: May immediately made amends with measurable rain occurring on only 6 days and with shade temperatures reaching or exceeding 70°F on 7 occasions and twice rising to 74°F. So, the stage was set for a glorious summer; June was a blazing month of high temperatures, much sunshine and measurable rain falling on only 6 days. The completely rainless spell of 18 successive days from May 30th to June 16th inclusive exceeded by 3 days the official designation of an absolute drought and severe water restrictions were imposed by the local authorities. Shade temperatures reached or exceeded 80°F on 6 days and the maximum of 88°F on the 10th was the highest of the year. Holiday-makers in particular suffered a set-back in July when the weather became less warm and more unsettled and - although the total rainfall was below the July average - rain fell on half the days of the month. There was, however, a good warm spell from the 5th to the 13th, during which the shade temperatures soared into the 80's on 3 occasions. During August the warm and dry weather firmly re-established itself; the total rainfall was less than an inch and shade temperatures reached or exceeded 70°F on 20 days. The total rainfall for September is misleading for - out of a total fall of 1.50 inches - 1.26 inches fell solely during the 4 days 12th - 15th inclusive. So, as is often the case, September was a generally dry and quiet month (apart from some high winds during the first 10 days), with some pleasantly warm spells and an unusually high September shade temperature of 81°F on the 20th. October was dry and generally mild, with a complete freedom from any early Autumn frosts.

Suddenly, the dry and pleasant weather was swept away by a fierce onslaught of Atlantic depressions swamping us with torrential and often continuous downpours which resulted in one of the wettest Novembers ever recorded - 18 rainy days producing a total of 5.61 inches. December started unsettled and mild - but cold, wintry conditions set in at the end of the third week and a continuation of cold and snowy weather set the younger generation dancing with delight at the first thoroughly White Christmas for years.

Rainy Spells of 10 or more days' duration:-

12 days April 1st - 12th

11 days April 19th - 29th

Dry spells of 10 days' or more duration:-

18 days May 30th - June 16th (absolute drought)

13 days September 16th - September 28th

The last ground frost of the Spring was on April 28th (27°F)

The first ground frost of the Autumn was on November 8th (29°F)

ALFRED G. GLENN, F. R. Met. Soc.

#### REGISTRATION OF NURSING HOMES

Homes first registered during the year	→
Homes on the register at the end of the year	3
Number of beds provided for:	
Maternity	-
Others	53 including 1 bed under Abortion Act 1967

No action was taken by the Authority during the year other than to carry out routine inspections.

#### FIFTY YEARS AGO

The number of marriages in 1919, the first post war year, was the highest since 1841. In 1920 the number began to fall but the marriage rate was still 19.1 per thousand. The legitimate birth rate was 24.0, the highest since 1841 but the illegitimate rate was almost the lowest recorded.

Dr. Pringle, the Medical Officer of Health in 1920, drew attention to the new high level of cancer deaths - 9% of the total. He, however, interpreted this as an apparent rather than real increase, due to more accurate diagnosis. We would not perhaps entirely agree that our present 20% of deaths being due to cancer, was also a more apparent than real rise. He did however draw attention to the very serious importance of a disease which over 50 years ago was *known* to be killing 1 in 11 of the population.

## METEOROLOGICAL SUMMARY, 1970 RUSHMERE ST. ANDREW, near IPSWICH

Month	TEMPERATURES						RAINFALL					
	In Screen						On Grass		Total Ins.	Greatest Fall in 24 hours Ins.	No. of Rain days	No. of Wet days
	Highest Maximum °F Date	Lowest Minimum °F Date	Lowest Maximum °F Date	Highest Minimum °F Date	Lowest Minimum °F Date	No. of Ground Frosts						
Jan.	47 11/12 15/22/24 /25	21 5th	32 5th	43 12/14	17 7th	11	2.65	0.30	21	14		
Feb.	52 21st	23 15th	36 16th	39 3/20	19 15/17	20	2.60	0.42	19	12		
Mar.	58 20th	23 8th	33 4th	42 17/21	19 9th	21	1.25	0.28	17	11		
Apr.	63 17th	27 9th	41 8th	50 16/18	25 2/9	15	2.78	0.52	27	17		
May	74 8/26	39 1st	54 15th	55 31st	34 1st	-	0.46	0.25	6	3		
June	88 10th	44 2/14/16	57 14th	58 18th	40 2nd	-	1.13	0.33	6	4		
July	84 7th	40 5th	62 1/14/ 15/19	62 28th	39 5th	-	1.10	0.33	15	6		
August	83 3rd	45 18th	64 19/20	62 6th	42 18th	-	0.82	0.26	9	5		
Sept.	81 20th	45 2/13	57 12th	63 8th	40 2nd	-	1.50	0.50	8	6		
Oct.	72 11th	36 9/20	53 22nd	55 2/13	33 9th	-	0.95	0.19	12	6		
Nov.	61 2nd	29 16th /	43 15th	53 1st	28 16th	7	5.61	1.29	18	14		
Dec.	54 4th	27 26/27	33 25/26	46 3rd	22 27th	17	2.20	0.54	17	11		
Year	88 June 10th	21 Jan. 5th	32 Jan. 5th	63 Sept. 8th	17 Jan. 7th	91	23.05	1.29	175	109		



# environmental health

1970

## WATER SUPPLY

### STATISTICAL INFORMATION

The supply of water to the County Borough of Ipswich was satisfactory as regards quality and quantity.

The number of dwellinghouses supplied from the Local Authority's mains was 41,074.

The total quantity of water pumped during the year was 2,161,058,018 gallons compared with 2,014,292,000 gallons during the previous year showing an increase of 146,766,018 gallons.

### WHOLESOMENESS OF THE SUPPLY

The purity of the water drawn from the various boreholes and held in storage reservoirs, both before and after treatment, is regularly checked for chemical and bacteriological contamination by means of samples submitted to the Public Analyst. A typical example of a Certificate of the Public Analyst in respect of such samples is shown opposite.

The Analyst has also determined the fluoride content of the water drawn from the various boreholes in the area. His results show that the fluoride content varies between 0.2 p.p.m. in water drawn from the Whitton, Westfield and Waterworks Street bores to 0.35 p.p.m. in water drawn from the Belstead borehole.

It is essential that the bacterial purity of the water as delivered from the taps in the various kinds of premises within the Borough is checked on a routine basis. 139 consumer samples were therefore taken by the Public Health Inspectors from various premises situated in all parts of the town for bacteriological examination by the Public Health Laboratory. On its examination of these samples all were found to be satisfactory.

An essential safeguard to the wholesomeness of the supply is the requirement that persons to be employed at the various pumping stations must undergo a medical examination, the results of which must be to the satisfaction of the Medical Officer of Health. A further protective measure is the bacteriological examination of water being carried in lengths of mains which are newly laid prior to the length of main being brought into service. If the results of the examination are not satisfactory, the main is not brought into use pending further samples being taken after the re-treatment of the new mains, which show the water to be bacteriologically safe. During the year 10 new distribution mains and 3 new trunk mains were completed, involving a total length of 4,169 yards of new main.

I wish to record my thanks to the Water Engineer, Mr. P. Hothersall of the Ipswich County Borough Water Undertaking for providing much of the statistical information included in the foregoing paragraphs.

# CERTIFICATE OF ANALYSIS OF WATER

CLARENCE HOUSE  
6 CLARENCE ROAD  
NORWICH NOR 29T  
Telephone 0603/24555

COPY  
LINCOLNE SUTTON AND WOOD LTD  
Analytical and Consulting Chemists  
Eric C. Wood, Ph.D., A.R.C.S., M.Chem.A., F.R.I.C.,  
G. S. Meadows, M.Chem.A., M.Ph.A., F.R.I.C.

Sample received 2nd September, 1970 from Ipswich Corporation Water Undertaking  
Marked Belstead and Stone Lodge Tower Lab No. 1145/6/W

9th September, 1970  
Cert No. X.2261

The chemical results are stated in parts per million

Fee: £14.85

Distinctive No. or Name	pH	Nitrogen			Chlor-ion as Chlor-ine	Perm-ang. Value	Hardness		Free Carbon Dioxide	Total Dissolved Solids at 180°C	Iron as Fe	Other Metals	Fluoride	Colo-ries per ml. on agar at 37°C
		Ammo-niacal	Albuminoid	Nitrate	Nitrite		Total	Carbonate (Temp)						
Raw, Belstead Bore-hole No. 3	7.0	0.03	0.02	nil	nil		34	295	45	42	470	0.47	0.35	1
Appearance clear, slight yellow deposit on standing.														
Cl. Welchii = nil														
Treated, Stone Lodge Tower	7.4						345	295	50	20	0.04			nil
Appearance clear.														

## REMARKS

The raw water is of very good organic quality and both samples were in excellent bacteriological condition. In our opinion the treated water well adapted to the purposes of a public supply.

for Lincolne Sutton and Wood Ltd.,

(signed) Eric C. Wood

## COMPLAINTS

It is interesting to note the character and number of complaints made to the Public Health Inspectors' Section by members of the public. Though this particular factor in the Section's work has not been given much attention in past reports, it is of course of prime importance, not only to the Section duties, but also to the Council as an indication that the Section is accessible to any members of the public who have a complaint and that their complaints are dealt with as quickly and as efficiently as possible. The fact that the public do call upon the services of the Section must be a satisfactory reflection of the effectiveness of the Inspectorate's intervention in these cases.

In the light of the current emphasis upon environmental pollution problems of national, continental and even global scale, the individual complaints received by the Section might seem to some to be of a trivial nature. This of course is not the case. The leaking roof that causes damage to decorations and furnishings, the unfit food bought for hard earned cash and meant for tomorrow's dinner and the blocked drain which floods the rear garden with sewage, are as catastrophic to the individuals suffering them as the "Torre Canyon" disaster or a serious "smog" to the community in general.

It has to be accepted that environmental pollution, whatever its cause and whatever its extent, usually arises from a thoughtless or careless act, or from avarice.

Though the Department plays its part to achieve a better environment for the community generally, and is therefore involved in investigations, programmes and surveys that lead towards that goal, it is not for this work that the Department is necessarily appreciated by the local community, but rather on how well the individual members of the public consider their complaint or problem has been investigated and dealt with.

It is therefore gratifying to record that on a total of 3,553 occasions the Section received calls by telephone, letter or in person from members of the public, either by way of a complaint or a request for help. The diagram shown illustrates the complaints as dealt with by the Public Health Inspectors divided into five broad categories, housing, environment, services, personal and household pests and food. Details of complaints concerning rats, mice, wasps and other pests which are dealt with by the Pest Control Section under the supervision of a Public Health Inspectorate are set out in a latter part of the report.

## VISITS MADE BY PUBLIC HEALTH INSPECTORS

During 1970 a total of 16,937 visits were made by Public Health Inspectors under the various enactments, the provisions of which they are required to enforce. An analysis of the various types of visits made is set out in the Appendix to the report. It will be seen from the diagram (page 73) that the visits have been broadly divided into four categories, that is to say, visits relating to housing, visits relating to food, visits concerning the enforcement of the provisions of the Public Health Act and other enactments, and visits relating to noise, smoke abatement and water supplies. The diagram shows

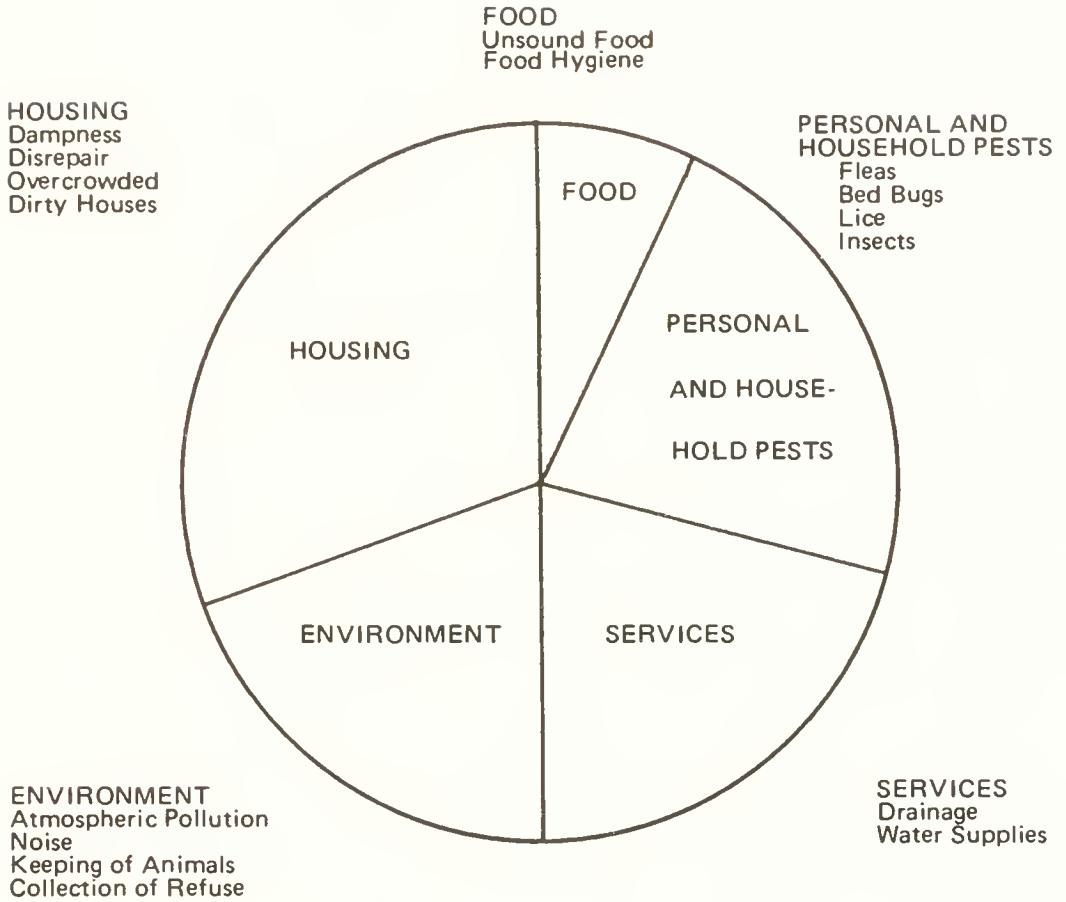


DIAGRAM SHOWING No. OF COMPLAINTS RECEIVED BY PUBLIC HEALTH INSPECTORS SECTION.

DIVIDED INTO FIVE CATEGORIES - TOTAL COMPLAINTS 3553

the number of visits carried out under each of these categories and illustrates that visits concerning housing dominated and the other visits followed in descending numbers as listed.

### HOUSING VISITS

These include visits to premises to investigate housing conditions, such as the fitness and potential life of the property, disrepair, overcrowding, defective drainage, and the like. An important feature under this heading is the number of visits made in connection with verminous and filthy conditions. This is due in some measure to an increase in the number of cases brought to the attention of the Inspectors which involve elderly people, who although apparently capable of looking after themselves, permit themselves and their accommodation to become filthy. In other cases for medical reasons of various kinds, the properties visited are found to be fouled and offensive.

The treatment of these cases entails much time and devotion by the Inspectors in trying to arrange for the occupant and his or her accommodation to be cleansed. Bedding has to be disposed of and other foul and filthy articles removed, accumulations of newspaper, half consumed food, etc., have to be cleared. In the majority of cases, the Inspectors are able to arrange in liaison with the Welfare Officers, for the cleansing operations to be undertaken by voluntary organisations, or relations and friends of the old persons involved. In a few cases, however, despite the best efforts of all concerned to have the premises cleansed on an informal basis, they fail. In the past, the problem lingered on. During the year under review, however, the Council permitted the establishment of a "dirty job" detachment to undertake the cleansing task in these very difficult cases.

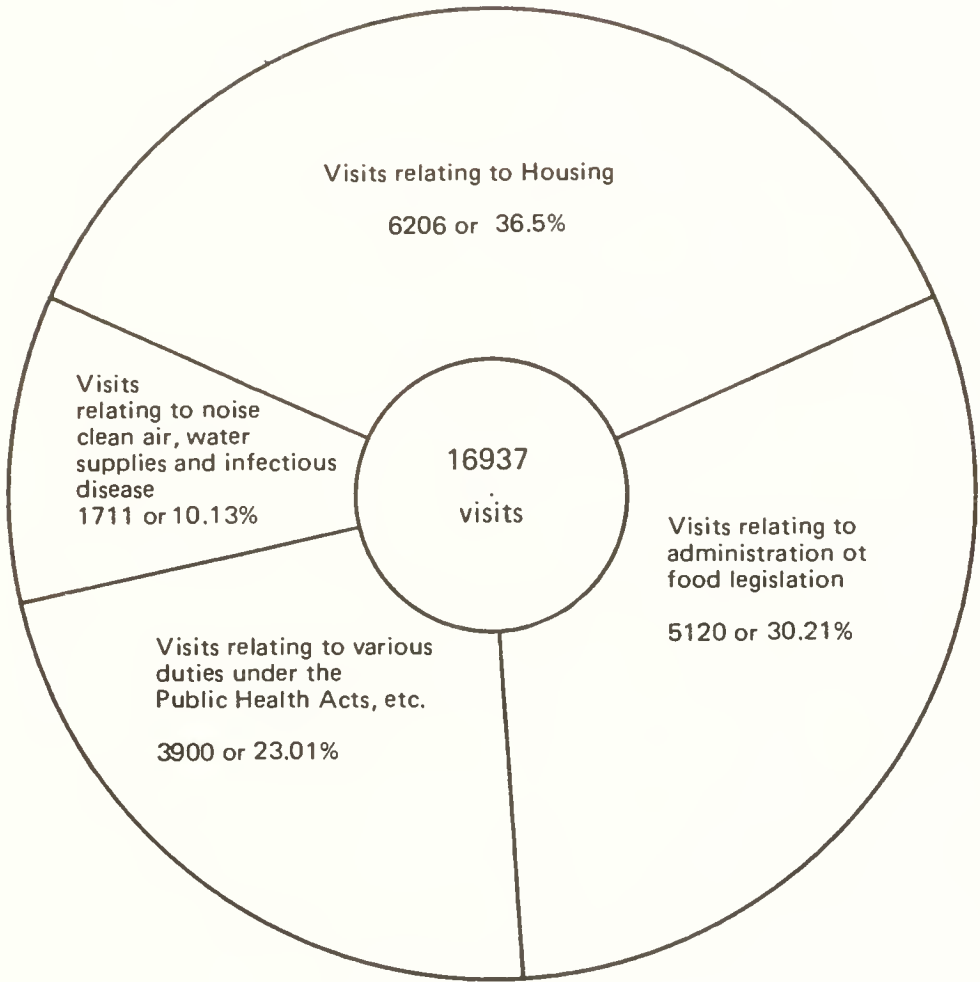
The detachment comprises members of the Pest Control Section, who on being approached, volunteered to undertake the unsavoury cleansing task under the direction of the Public Health Inspector responsible for the particular case.

After the cleansing operation, arrangements are made, where appropriate to provide new articles in place of those destroyed. Arrangements are also made in some cases for the occupants to be provided with the services of a home help for a period of time during the working week in an attempt to maintain the cleanliness and tidiness of the accommodation.

During the year a large number of visits were made to properties in connection with the proposed development plan. These figures were further enlarged by the substantial increase in the number of visits to properties in respect of which applications were received by the council from the owners for improvement grants under the provisions of the Housing Act 1969. The increased demand for these grants was an obvious response to the relaxations made by the Act of 1969, in the requirements which were to be fulfilled before a grant could be given by the Council under the previous legislation.

### FOOD VISITS AND INSPECTIONS

In recent years the character of the trade passing through the Port of Ipswich has substantially changed and is continuously increasing as can be seen in the Port report. One important feature of this change is the sub-



VISITS MADE BY PUBLIC HEALTH INSPECTORS



stantial increase in the quantity of foodstuffs being landed. The problem of the Port Health Inspector in dealing with these increased food imports is further aggravated by the container system of shipment which entails by its very nature a speedy disposal of the containers to their destination once they are discharged from the ship. The procedure for inspection of these consignments varies according to circumstances. A number of containers are examined at the quayside and released. The contents of others have to be sampled to determine that the food conforms to the appropriate requirements and standards for that particular article in this country. In these cases, the consignment can be released under seal to its ultimate destination. The Local Authority having control in that area has to be informed of its impending arrival and their Inspector has to arrange for its detention in a suitable place until such time as he is satisfied that the shipment can be released or arrangements made for its condemnation or re-export. This involves the notification of the Inland Authorities by telephone and letter of the impending arrival of the goods within their area. Needless to say, because of the speed of modern transportation, this task has to be given priority and is time consuming.

Similarly, notifications of containers of foodstuffs being delivered at premises in the County Borough are received by the department from the Port Health Authorities in other parts of the country and the Inspector in whose district the delivery point is situated has to visit and check the consignment. He may find the consignment to be in order but in a few instances he finds the foodstuffs to be unfit by reason of forbidden ingredients or that it has commenced to decompose or is out of condition. In such cases, the necessary measures have to be taken to ensure that the offending foodstuff does not find its way on to the market. The Inspector therefore requires the food to be surrendered by the importers as unfit for human food or to re-exported to its country of origin. In some cases, the Inspector will arrange with the importers for the reconditioning of the food before it is released.

An increase is also shown in the number of routine inspections made to cafes, snack bars, and the like. This work is essential if the incidence of food poisoning outbreaks is to be maintained at a minimum.

It is intriguing to contemplate on the question of whether or not all the proprietors and workers in the catering trade realise the hazardous nature of their business so far as public health is concerned. A simple careless act can bring illness to many, and possibly death to a few by eating food which has been mishandled in one way or another during its preparation. The Section's work is directed towards the elimination of any such risk by inspecting the premises and requiring the proprietors to take measures in the way of repairs and improvements to the premises which will eliminate as far as possible any risk of contamination to the food. The number of visits made for this purpose during the year was 401. During these visits every opportunity was taken to educate the workers in the principles of food hygiene and the dangers of food contamination.

#### OTHER VISITS

In consequence of the refuse collectors' strike, there was a marked increase



in the number of complaints concerning the accumulations of refuse which had to be investigated and measures taken for their ultimate removal and pending this to treat the rubbish to prevent fly infestations, etc.

As has previously been mentioned, the increase in trade through the Port at Ipswich has entailed a greater amount of the Port Inspector's time being spent on his Port Health duties and this is confirmed by the number of visits made during the year to the Port.

The increased work in certain aspects of the Section's duties has produced reductions in the number of visits made relating to others. This demonstrates without doubt that with the existing staff, even though it has been at full strength throughout the year, every aspect of the Section's work cannot be fully covered.

An examination of the number of visits to factories shows them to be very small, far below the figure considered reasonable in the informal standard set by Her Majesty's Inspectors of Factories that each factory should be visited at least once in every four years. Similarly, the number of offices visited under the Offices, Shops and Railway Premises Act, 1963, is also lower than this criterion.

Though all complaints arising under these Acts were investigated, the routine inspections which are an essential part of the administration of these pieces of legislation were neglected in order to fulfil the other more pressing and currently vital duties which have been mentioned previously.

This cannot be considered a reflection upon the Inspectorate who strove throughout the year to maintain an efficient service to the public and cover every aspect of their duties. It is rather a confirmation of the insufficiency of staff to undertake all the duties having regard to the population and the disproportionate amount of meat inspection when related to the population. One third of the Inspectorate is permanently involved with meat inspections, thus leaving a much reduced staff to carry out all other duties prescribed in the Public Health Officers Regulations.

The visits made to the various premises shown in Appendix 1 brought a considerable number of defects to light and these were made the subject of 554 Notices, of which 538 were complied with. These Notices included 1,328 items concerning housing conditions of various kinds, 253 items concerning food premises and 384 defects under the Offices, Shops and Railway Premises Act, 1963. Detailed information concerning these repairs is also set out in the Appendix at the end of the report.

### **OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963**

Five Public Health Inspectors are authorised by the Council under this Act to enforce its provisions. This has been done so that there is a reserve of inspectors available in case of need. Only two of these inspectors carry out these duties throughout the year as part of their daily task. As mentioned elsewhere not so many inspections could be carried out during the year under the provisions of this Act because the inspectors were required to undertake other more pressing duties under other enactments.

An additional duty under this Act was introduced during the year which concerns the inspection of lifts to ensure they comply with the requirements of the regulations. It has been found that there are so far about sixty lifts in the town to which the regulations apply. Copies of reports of eight inspections were sent to the Council during the year, which showed that in five cases there were immediate repairs required and in the remainder the repairs were of such a nature as not to require immediate attention but were carried out within a specified period. All the defects involved were remedied with the exception of those specified in one of the eight cases. This was due to the difficulty of fitting electric locks to the lifts. The local technicians were advised by the representatives of the lift manufacturers how best to overcome their difficulties. This entailed additional parts being obtained, but these were not readily available, hence the delay in the completion of the repair.

The inspector when examining premises where lifts were installed requires the production of the last inspection report in respect of each lift at the premises. In one instance it was ascertained that a periodical inspection was not being made at all. Another lift which was very old, was shown to require major re-construction before a satisfactory report could be issued.

A manual service lift which was installed in 1966 is so devised that its hauling rope is fitted internally and the lift cannot therefore be modified without major reconstruction to comply with the requirements of the regulations. These require that the hauling rope is to be outside the lift enclosure when the gates of the enclosure are closed and the lift is moving. This problem was under consideration with the Company concerned at the close of the year.

Generally the regulations are having a beneficial effect upon the safety of such lifts by their regular inspection and maintenance and the inspector's practice of requesting the production of the inspection report is promoting a sense of safety awareness in management.

It is interesting to note that in the tables given at the end of the report (Appendix 2) the dominant number of accidents reported involved female workers aged 18 years and over and in 16 of these cases the accident was a fall of one kind or another causing fractures, dislocations, sprains or bruising. The most common site of injury in these cases was the ankle. Though no definite evidence can be adduced from these figures locally one is forced to wonder if the footwear worn at work by many of these ladies, though very attractive and chic, is entirely suitable for the nature of the work they have to undertake.

#### CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960

There are now 11 sites within the County Borough which are licensed for caravans. These include two permanent sites each licensed for over 30 caravans. During the year one licence was renewed and one new site licence was granted.

Thirty visits were made to the licensed sites during the year. The inspections showed the sites to be conducted and maintained in a satisfactory manner.

## COMMON LODGING HOUSES

There is one registered common lodging house in the County Borough and registration was granted for a further period of one year in 1970. The lodging house was visited on fifty-two occasions when a routine inspection was made and the premises found to be maintained and administered in a satisfactory manner.

During these routine inspections beds were inspected for evidence of vermin and in consequence some of the lodgers were found to be verminous. In these cases arrangements were made for the lodgers, their belongings and bedding to be cleansed and disinfected; eleven such cases were dealt with during the year.

Wherever a property is suspected of being used as a common lodging house it is inspected to ascertain its true use. Though a number of such inspections were made during the year, none of the properties proved to be used for this purpose.

## SWIMMING BATHS AND POOLS

There are in the town four public swimming baths, two being indoor and the other two outdoor baths. In every case the water contained in the baths is derived from the town water supply which while in use is continuously filtered and chlorinated.

In the two outdoor baths the rate of circulation of the water is equivalent to one complete change of water in every three hours, whilst in the indoor baths the time taken for one complete cycle is four hours.

Members of the Baths Superintendent's staff carry out daily tests to determine the residual chlorine content and alkalinity of the water. The Public Health Inspectors visited these swimming baths on a routine basis during the season and seventeen samples were taken of the bath water for bacteriological examination.

At the time of sampling the hydrogen-ion content of the water and the amount of residual chlorine was also checked and found to be satisfactory.

The number of schools equipped with swimming baths of their own is steadily increasing each year. There are now fifteen schools with outdoor baths and three with small indoor baths. These are regularly visited throughout the season by the Public Health Inspectors, when the chlorine and hydrogen-ion content of the water is checked. If not satisfactory, advice is given to the Headmaster or mistress and to the caretaker as appropriate, regarding the corrective measures to be taken. During the courses of these visits seventy samples of the bath water were taken for bacteriological examination.

## HOUSING

The bulk of properties which were scheduled by the Council as a result of a survey carried out some years ago as suitable for clearance under the Housing Acts have already been dealt with, but there remains a comparatively small number of houses which are scheduled to be dealt with in the next 15 years. The action to be taken in respect of these properties is not always as clear cut as in earlier times.

The economic history of the area has its influence upon the problem. The development of agriculturally based industries and the introduction of other

types of industry in the last century brought in their train a population explosion. This in turn created a demand for housing accommodation. In the 60 years before 1900 just over 9,000 houses were built in Ipswich. Today a large number of these Victorian properties remain and are still being maintained in good condition.

The economic climate at that time was such that the majority of houses were rented. In more recent times investment in property diminished. At the same time, the salaries and wages of the tenants of such properties has increased and has enabled more and more of them to achieve their dream of owning their own homes. The proportion of owner/occupied houses in Ipswich has steadily increased over the years until well over 50% of all houses in the borough are now owner occupied, while conversely the number of privately owned rented houses has been reduced to a figure of about 16%.

Owner occupation has its responsibilities and ensures in the majority of cases that properties which were being neglected prior to their owner occupation are restored and prevented from becoming unfit. In recent years, it has been officially realised that this procedure of saving properties from unfitness is in the national interest and is therefore to be encouraged. This encouragement has taken the form of the improvement grant procedure which has existed for a number of years. It was, however, fettered with a variety of conditional clauses which did not readily encourage people to take up this method of improving their property. Nevertheless, improvement has been undertaken on a steadily increasing scale. Recently, as the implications of the Housing Act, 1969, have been realised, what was formerly a trickle of applications, has now grown into a veritable torrent.

These various influences are making the implementation of a comprehensive Slum Clearance programme difficult to achieve. This can be demonstrated by a situation in which odd properties in a terrace of scheduled houses are restored by their owner occupiers despite the properties limited life and without the benefit of an improvement grant. In consequence of their activities, they provide themselves with all the modern amenities and eradicate many of the defects which formerly existed in the property by works of repair such as the stripping and re-slating of roofs and the insertion of a damp-proof course. In such cases, they raise their particular property from the unfit categories but the other houses in the terrace still wallow in the abyss of unfitness.

The statistical summary given demonstrates that activity under the Housing Act continued during the year in spite of the problems mentioned. In consequence of these activities, one small Clearance Area comprising 7 houses was represented and a further 23 properties situated in various parts of the town were dealt with under the individual unfit procedures of the Housing Act, 1957. In three cases the basement rooms of larger houses, which were being used for human habitation, were closed because of their unfitness.

Reference to the previous years visits in respect of improvement grants will show that there has been a trebling of those visits during the year under re-



view. This illustrates and confirms the upward trend in activities to preserve the national housing stock where it is reasonable to do so.

Certain houses in multiple occupation have been the subject of complaint to the department during the year and the conditions found on inspection have been made the subject of informal Notices served upon the owners or chief tenants. Unfortunately, due to the pressing demands of other duties, it has not been possible to undertake a comprehensive and routine inspection of houses which are known or are likely to be used in this way. It is a matter which gives rise to concern, particularly bearing in mind the potential fire risks in such premises and the need to enforce the provision of fire escapes and other fire precautions. It is earnestly hoped that at such times as the necessary additional Inspectors are provided this duty can be undertaken on a comprehensive basis.

## FOOD INSPECTION

### MILK SAMPLES

During 1970 25 samples of milk failed the Methylene Blue test. The majority of these failures came from milk samples obtained from various vending machines scattered about the town. The results of these samples were so unsatisfactory that a meeting was arranged between the producer/operator of the milk vending machines, advisers from the Ministry of Agriculture, Fisheries and Food and representatives of the Public Health Inspectors' Section. In consequence of this meeting improvements were made at the farm which is situated outside the Borough boundaries, and although subsequent testing showed improvement, the position was still not completely satisfactory at the end of the year, necessitating continued investigation of the problem. Other statistical information concerning milk and dairies are shown in Appendix. 4.

### MILK SUPPLIES - BRUCELLOSIS

While there are no milk producers within the County Borough one dairy and a vending machine operator distribute 'untreated' milk. Samples of these milks were submitted to the Public Health Laboratory. The result of their tests in each case was negative.

### MEAT INSPECTION

The system to be adopted in examining carcasses of animals slaughtered for human food and the consequent decision as to the fitness or unfitness for human consumption of the meat and offal from the animals examined is prescribed in the Meat Inspection Regulations 1963 which came into operation in September of that year.

Unfortunately the requirements of the regulations are such that due to insufficient staff they could not be fully implemented in the first three years up to and including 1966. During 1970 however as in the previous three years 100% inspection of all animals slaughtered in the three slaughterhouses within the Borough was achieved. The Council is authorised by regulation to charge the respective slaughterhouse managements for this service up to certain prescribed maxima. In this Authority the maximum charges are levied, i.e.:-

Inspection of a sheep, lamb or calf	6d. or 2½p
Inspection of a pig	9d. or 3.75p
Inspection of an adult bovine	2/6d or 12½p

The charges are based upon the average time needed to inspect an animal of each kind. The amount fixed and the time taken for the inspection of a sheep, lamb or calf is used as the basic unit, and hence pigs are the equivalent of 1.5 units, and adult bovine five units. These slaughter units form a useful basis for illustrating the 'kills' of all the slaughterhouses in the Borough. (opposite)

The total charges for this service made to the slaughterhouses in the Borough during the year came to the approximate sum of £6,640. This figure, though substantial, does not now represent a realistic proportion of the cost of maintenance of the service, and there is no doubt that the Government will have to re-consider the maximum permitted charges at present prescribed in the regulations.

The table given in appendix 5 to this report shows in the prescribed form the number of animals of all kinds killed and inspected in the various slaughterhouses within the Borough and the numbers of carcasses condemned, either in whole or in part in consequence of these inspections. A total of 148 tons of meat was condemned as being unfit for human consumption during the year. The detailed information regarding these condemnations is also given in appendix 5.

#### SLAUGHTER OF ANIMALS ACT 1958

The provisions of this Act are to ensure as far as possible that animals are humanely slaughtered. The Act requires all animals to be rendered insensitive of pain or suffering by shooting or electrocution except in certain specified ritual methods of slaughter.

To ensure that this principle is complied with, the slaughtermen must know how to use the equipment provided. They have, therefore to be trained in the use of the equipment and when they are, in the opinion of the meat inspectors, fully competent they are granted a slaughtermen's licence which is renewable annually. During 1970 one new slaughterman's licence was issued and 29 existing licences were renewed.

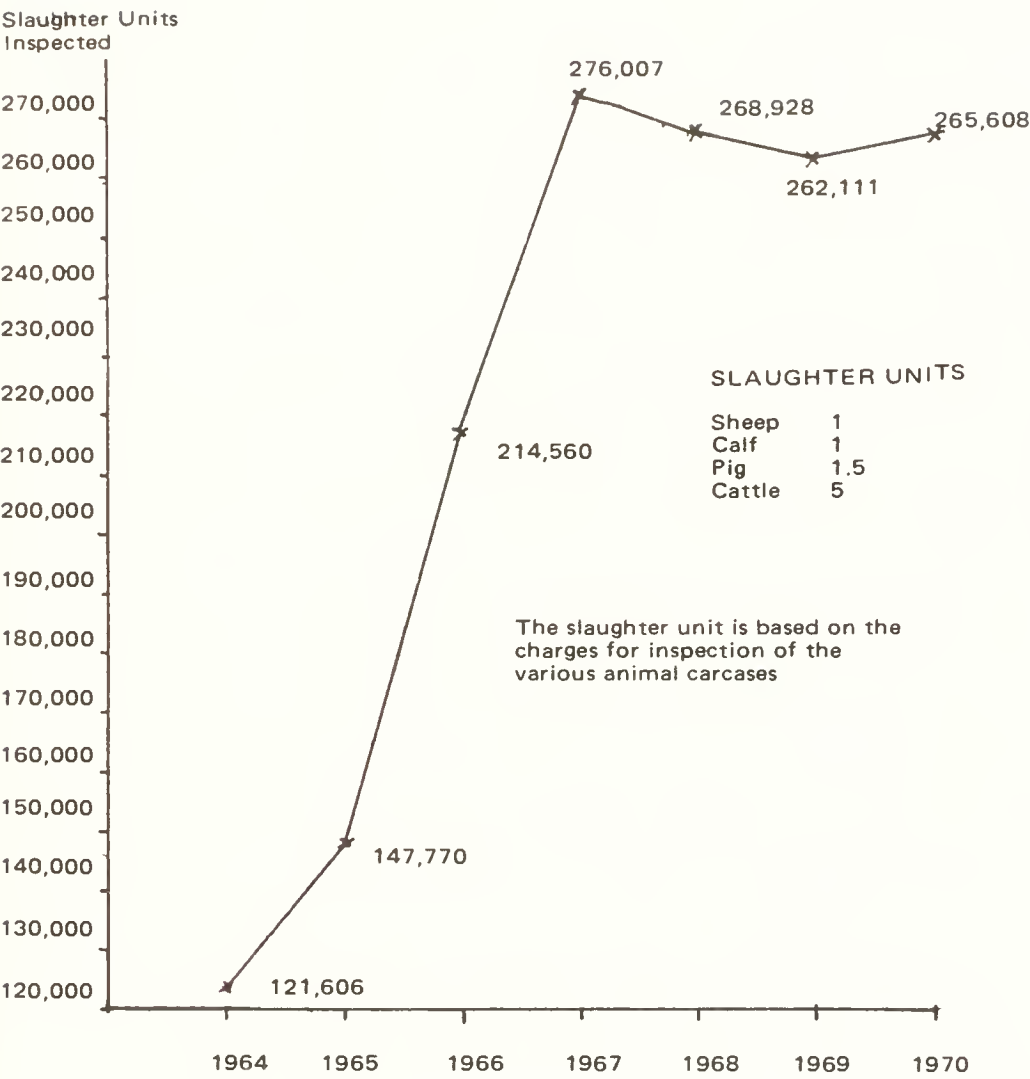
#### FOODSTUFFS CONDEMNED OTHER THAN AT SLAUGHTERHOUSES

In addition to the meat condemned at slaughterhouses a further 38 tons of a variety of other foodstuffs coming mainly from retail sources within the Borough was condemned by the inspectorate as unfit for human food. Details of these foodstuffs and the amounts condemned are given in Appendix 5.

The grand total of foodstuffs surrendered for destruction from all sources during the year was approximately 187 tons.

#### FOOD AND DRUGS ACT, 1955

It is the duty of the Local Authority to undertake the routine sampling of food and drugs which are sold or exposed for sale within their district. Table 'A' beneath gives details of the number of such samples procured and submitted to the Public Analyst for examination. Table 'B' sets out details concerning those samples which the Public Analyst found to be unsatisfactory in some degree. The number of unsatisfactory samples constituted 15.2% of the total number of samples taken. This is the highest such figure to be



recorded in recent years. It is, however, a trend which is to be expected when considered in relation to the increased amount of legislation concerning food standards and the ever increasing variety of foodstuffs being prepared and sold to meet the demands of the present day housewife. An added problem is the introduction of all kinds of unusual and exotic foods which are being imported and exposed for sale to meet the tastes and eating habits of the immigrant population and the desire of members of the public who have had holidays abroad to taste again some of the unusual foods they tasted during that time. Unfortunately, the food standards in some of the countries of origin of these foods differ from those of this country.

TABLE 'A'

Article	Samples taken		Samples Genuine		Not Genuine Samples	
	Formal	Informal	Formal	Informal	Formal	Informal
Milk and Cream	31	10	25	8	6	2
Other Foods	2	240	1	206	1	34
TOTALS	33	250	26	214	7	36

TABLE 'B'

Sample No.	Article	Nature of Adulteration or irregularity	Action Taken
2	Red Currant Pulp	Deficient in fruit content	Matter taken up with importer
5	Marzipan	Contained 18% of dry almond substance. Code of Practice requires not less than 23.5%	Legal proceedings instituted. Defendant pleaded 'Guilty'
18	Pasteurised Milk	N.F.S. 3% deficient. 2.2% added water	Further investigations as to source of adulteration
22. 24. 28	Parsley-Thyme Stuffing	Samples should be described as 'Stuffing Mix'	Matter taken up with manufacturer
29	Milk (Homogenised)	H 530 Trade added water	Investigation as to source of adulteration in Sample No. 18
30	Milk	NFS 1.3% deficient. 4% water added	
31	Milk	H 531 Trace added water	
42.	Low Sugar Black Cherry Jam	Label does not comply with requirement quoted in Food Standards (Preserves) Order 1953	Matter taken up with manufacturer
43	Elderberry Jelly	Label does not comply with the Labelling of Food order and the Weights and Measures Act.	Matter taken up with retailer
48	Milk	H 525 0.8% added water	Investigation as to source of adulteration in Sample No. 18
49	Milk	H 528 1.8% added water	
52 53	Jelly Chickens Fondant Fourres	Contains a colour which is not permitted by the Colouring Matter in Food Regulations, 1966	Consignments condemned



Sample No.	Article	Nature of Adulteration or Irregularity	Action Taken
56	Limeade and Lager	Only contains 1% proof spirit, should contain at least 1.5% proof spirit (Food Regulations 1970)	Matter taken up with canners
59	Apple Juice	Contains 1.3 p.p.m. of lead. Legal limit 0.5 p.p.m.	Further sample taken
62	Irish Stew	Deficient in meat content Should be at least 35%	Matter taken up with manufacturer
70	Pork Stuffed Paprika	Sample contains 280 p.p.m. of tin which is above the recommended maximum of 250 p.p.m	Importer approached and agreed to re-export
72	Apple Juice	Contains 0.95 p.p.m. of lead Legal limit 0.5 p.p.m.	Importer approached and remainder of stock handed over for destruction
73	Pork Stuffed Paprika (3 tins)	Contains 253, 205 and 194 p.p.m. of tin	Importer approached and agreed to re-export
74	Pork Stuffed Paprika (3 tins)	Contains 186, 163, 126 p.p.m. of tin	
83	Pork Stuffed Paprika (3 tins)	Contains 210, 148, 243 p.p.m. of tin	
84	Pork Stuffed Paprika (3 tins)	Contains 215, 190, 214 p.p.m. of tin	
82	Chicken and Ham Pie	Unpleasant odour from decomposition	Prosecution of Vendor now pending
77	Milk	MF 2.96%, MS other than MF 8.22%, 1.3% def. in MF, 3.3% def. in N.F.F.S.	Passed to East Suffolk County Council to carry out further investigation at place of production and bottling
91	Tomato Sauce with Clams (3 tins)	Corroded internally, contains 326, 172, 147 p.p.m. of tin (respectively)	Remainder of stock in shop surrendered for destruction
124	Stewed Steak with Rich Gravy	Deficient in meat content (70%) Legal minimum 75%	Formal sample taken of subsequent canning found to be genuine
178	Assorted Candied Fruits	Sample contained non permitted, colour contrary to the Colouring Matter in Food Regulations, 1966	Importer contacted and consignment re-exported to country of origin
179	Pates de Fruits		
191 192	Suckling Pig Duck Pate with Orange	Samples were unsatisfactory bacteriologically	Consignment detained at importers' premises. Local Health Authority advised and requested to follow up
204	Minced Beef	Deficient in meat content, 32%, minimum of 35% required by the Canned Meat Products Regulations, 1967	Matter taken up with manufacturer. Papers handed to Council Solicitors for advice as to further action.

Sample No.	Article	Nature of Adulteration or Irregularity	Action Taken
215	Brazil Nuts	2 nuts out of 30 mouldy	Further inspection showed this to be not representative of this consignment as a whole
253, 257 258, 260	Sausage Meats	Samples contained preservative without declaration	Matter taken up with retailers. Declarations now displayed.
261	Evaporated Full Cream Milk	Acidity as lactic acid 1.3%	Further samples taken and found to be genuine
264	Sugar Confectionery	Contain non-permitted colour contrary to the colouring matter listed in Food Regulations, 1966	Arrangements made with exporter to have consignment re-exported to country of origin.
271	Whole Orange Drink	Label infringements under Labelling of Food Order, 1953, Schedule 4 of the Soft Drinks Regulations	Found to be old stock. Retailer disposed of remainder of stock under supervision
273	Confectionery	Sample contains non-permitted colouring matter (BLUE URS) contrary to the colouring matter listed in Food Regulations, 1966 It therefore contravenes the requirements of Section 6 of the Imported Food Regulations, 1968	Arrangements made with importer to have consignment re-exported to country of origin

### ICE CREAM

Retail and production samples of ice cream were obtained from shops and manufacturers' premises within the Borough during the year and submitted to the Public Health Laboratory for bacteriological examination. A total of 27 such samples were taken and the results of the Laboratory's examinations are as follows:-

Grade I	18
Grade II	5
Grade III	3

### POULTRY INSPECTION

There are no poultry processing premises within the boundaries of the County Borough but there are regular sales of dressed and undressed poultry of all kinds at a local sale-yard. All these birds are examined by a Public Health Inspector prior to their acceptance for sale. Any birds found to be unfit for human consumption are of course surrendered for destruction.

At the same sale-yard live poultry is sold. All pens and crates used for the transportation and housing of these birds are regularly checked for cleanliness and disinfected to prevent the spread of disease and infestation.

## LEGAL PROCEEDINGS

Numerous complaints are received in the Department concerning food-stuffs of all kinds which are either, not of the nature, substance, or quality demanded by the purchaser, or unfit for human consumption. Most of these complaints are dealt with quite satisfactorily by informal procedures, but in certain more serious cases, or where a record exists in the Department of a number of previous instances of a similar kind, legal proceedings are recommended.

A pickle manufacturing company was found guilty of selling a jar of piccalilli which contained flies and fly larvae, and were fined £10 in respect of the offence. The proprietors of a super-market in the town were found guilty of selling a steak and kidney pie which was affected by mould. They were fined a sum of £20. In another case the same super-market was fined £25 for selling a carton of yoghurt which was unfit for human consumption.

As a result of routine food sampling an informal sample of marzipan was found 'not to be genuine' by the Public Analyst. A formal sample of the marzipan was purchased from the same shop and submitted for examination. The analyst reported that the Code of Practice relating to Marzipan requires that an article sold as marzipan must contain not less than 23.5% of dry almond substance. The sample was however, 23.4% deficient by comparison with this minimum requirement. The marzipan, which was pre-packed by the local baker concerned, was unlabelled and was therefore in contravention of the Labelling of Food Order 1953. It was decided to proceed on three counts, one under the Food and Drugs Act 1955, and the other two under the Labelling of Food Order 1953. The magistrates found the three cases proved and imposed penalties of £10 on each count.

In consequence of the formal sampling of retail milk supplies within the Borough, the Analyst reported one of the samples taken to be watered. The milk had been processed and bottled by a local dairy. Being such a rare and unusual occurrence it was decided to investigate the matter at the dairy. No obvious cause for such watering could be found in the dairy's processing plant. Having investigated the raw milk supply the management of the dairy were able to establish that the milk from which the sample was derived originated from a supply of 'accommodation milk' discharged from a bulk tanker originating from a Northampton dairy.

A series of formal samples of milk were taken on the tanker's arrival at the dairy before delivery of the milk to the local dairy. On each occasion the milk was found to contain added water.

It was ultimately decided to institute proceedings against the Northampton dairy concerned. The formal sample involved in the proceedings was obtained from a bulk consignment of 2,390 gallons of milk which was found to have an added water content of 1.9%. On this basis there were 45.41 gallons of added water in the consignment. The dairy concerned pleaded guilty to the charge and the court imposed a fine of £25 with 14 guineas costs.

Occasionally legal proceedings have to be instituted under other Acts relating to public health. Again this step is not taken without every avenue having

been explored, which would cause the necessary remedial works to be carried out. During the year under review proceedings were taken against an owner of a property which was vacant and was heavily infested by mice. Proceedings were taken under the Prevention of Damage by Pests Act 1949. A Statutory Notice had been served upon the owner, but he had failed to comply with its requirements despite reminder, telephone calls, etc. On hearing the case, the court found him guilty of the offence and fined him £20 with 8 guineas costs.

## HEALTH EDUCATION

The promotion of environmental health in all its many aspects is largely dependent upon the education of the community in its principles in every possible way. The public health inspectors in their daily contacts with members of the public spend an appreciable proportion of their time in talking about problems of public health and the ways of overcoming them. This is health education at its grass roots, and is, of course, part of the daily routine of the inspectors.

This in itself is not enough as the number of people the inspectors meet during their day's work must of necessity be limited. In food premises, for example, it is the manager and not the food handlers themselves to whom the inspector is likely to address any point arising from his inspection. On the other side of the counter the interview with the housewife, who has complained of unhygienic premises or unfit food, is usually already well educated in the principles of hygiene, otherwise she would not have complained. It is, therefore, a case of preaching to the converted.

In all the various aspects of public health the inspector finds that once he has the opportunity of explaining the reasons for his requirements, and the dangers to health of not conforming to them, co-operation is readily given by the person being approached. On occasions, however, though ready co-operation is initially achieved, after a while there is a lapse and the problem arises again.

The inspectors, however, take every opportunity they can to carry on the education of the public. It has to be realised that measures which were strictly enforced and adhered to in by-gone days relating to potential nuisances, such as flies, which in turn could cause an outbreak of enteric disease, are not regarded with any importance by the general public to-day. Possibly because of the strict enforcement in those previous days and consequent habits formed by the populace at that time in consequence of this enforcement, a new generation is growing up which has not experienced the illnesses against which the public health inspector is continuing to protect them. The diseases must certainly still exist, and unless the media by which they can be spread are controlled, they will burst forth on an unsuspecting public.

Indeed the slow progress in 'hygiene' nationally can be further illustrated on the food hygiene front. Conditions in the food industry are undoubtedly better than a generation ago, but considering that there has been food hygiene legislation for the past 15 years, and that clean food campaigns have been waged by Local Authorities and societies interested in the promotion of food hygiene, the results nationally have not been all that satisfactory, and the



standard of food handling still leaves much to be desired in many areas. Indeed it would seem that until the general public themselves adopt a much more militant attitude towards the unhygienic handling of food, the chances of the standard improving at a greater pace are small.

There were during the year under review encouraging signs due no doubt to the signing of a declaration by the representatives of Great Britain, together with those of other European countries at the European Conservation Conference held at Strasburg in February 1970, that the ensuing year would be declared European Conservation Year. This fact brought forth articles, discussions, films and talks from the national and local press, radio, television and the film-makers. These concerned the long and short term effects of pollution of all kinds on man's environment, and the need for him to take measures to conserve his environment. This theme has been impressed upon us all. Certain aspects of the problem have, however, been taken up with more fervour than others. Fortunately food hygiene has been one of these. All this activity has had its 'spin-off' and at every lecture given by the public health inspectors; no matter on what subject the lecture or talk might be the questions on food handling and food hygiene have been predominant.

Over the past year with this in mind, the inspectors have been advancing the cause of health education at every opportunity. They have been encouraged to write articles on various subjects for publication in the local newspaper and to broaden the basis of talks they have given to various groups to embrace fresh aspects of the problems. This more outward looking approach to the problem of health education seems to have borne dividends. An appreciably greater number of requests for public health inspectors to speak on various topics have been received from groups and societies of all kinds. Indeed the demand has been such as to necessitate the arrangement of an informal rota for the inspectors giving these talks. Lectures were given to classes at the Civic College and towards the end of the year invitations were received from two of the leading food retailing organisations in the town for the section to participate in their staff training programmes.

In all 52 lectures were given to various groups by the public health inspectors during the year.

#### FERTILISERS AND FEEDING STUFFS ACT, 1926

Four samples of Fertilisers and four samples of Feeding Stuffs were taken from manufacturers' premises within the Borough during 1970 and submitted to the Agricultural Analyst for examination.

All the Fertiliser samples and three of the Feeding Stuffs samples were found to be satisfactory, the stated particulars of composition being within the limits of variation prescribed in the Regulations for Fertilisers and Feeding Stuffs. The remaining Feeding Stuffs sample contained 1.45% of oil in excess of the amount declared. Upon investigation, the cause of this contravention was found to be due to a fault in the computer planning of the various ingredients. The fault of course was immediately rectified by a further measure of human control to inhibit the possibility of the machine contributing a similar mistake in the future.

## PET ANIMALS ACT 1951

During the year 10 annual licences were issued to premises which were being used as pet shops. 33 visits were made to these premises in connection with the act and no serious contraventions were found.

## REFUSE COLLECTORS' STRIKE

As in 1969, an autumn strike of cleansing operatives occurred in 1970 which again necessitated the establishment of a series of refuse dumps sited at strategic points about the County Borough to which the public could take their refuse. The strike was of longer duration than in 1969 and the public, schooled by their previous experience, made much fuller use of the emergency dumps. The dumps of refuse in consequence were of considerably greater size than those experienced a year previously.

It was therefore considered even more essential that the dumps be regularly treated to reduce as far as possible any potential risk to public health. This entailed the spraying of each dump daily with insecticide, disinfectant and deodorant. It was also essential to establish baiting points around the tips with a view to the extermination of any rodents that might be attracted to the dumps of refuse. These preventive measures, once established as a routine, were largely undertaken by the Student Public Health Inspectors and the Pest Control Section.

During this time the Public Health Inspectors were called upon to deal with complaints arising from the storage and disposal of refuse in all kinds of premises. They were also called upon to advise members of the public on the most suitable methods for the disposal of refuse.

Needless to say, the strike gave rise to additional strains upon an already fully occupied staff. Again, as last year, full credit must be given to all members of the Section for the way they played their part in effectively reducing the potential public health hazards which even more than last year could have arisen from such a situation.

## SEWERAGE AND SEWAGE DISPOSAL

The sewerage and sewage disposal systems provided in the Borough have not given rise to any complaints to this Department (even during the manual workers' strike), apart from those resulting from the occasional blockage. Active consideration continued to be given to measures which will improve the standard of effluent discharged into the river from the Cliff Quay Sewage Works. The firm of consultants retained to undertake the investigation and make recommendations for the modification of the installations to achieve standards of effluent which would be reasonably acceptable to the River Authority, have now submitted their report.

The Westerfield area of the town has, as previously reported, been a constant source of complaint from resident against resident, due to the unsatisfactory nature of the individual disposal system, and it is pleasing to report that the area is now to be connected to the town's sewage disposal system. It is hoped that work will start in 1971 and be completed by the summer of 1972. The completion of this sewerage scheme should remove what is perhaps at present the greatest risk of enteric disease within the borough area.

## PREVENTION OF DAMAGE BY PESTS ACT' 1949

The number of complaints made during the year concerning rodent infestations are shown in the table below:-

	Business Premises	Private Premises	Local Authority Premises	Agricultural Premises	Totals
RATS	69	708	33	Nil	810
MICE	121	372	42	Nil	535

The Local Authority under the provisions of the Act have a duty to inspect premises in their area to ascertain if any infestations of rat or mice exist, and if so, to have them remedied. To comply with this statutory requirement, 403 visits were made by Public Health Inspectors and the Pest Operatives undertook 9,972 visits and routine inspections. As a result of these visits and inspections, 2,216 new infestations were found, investigated and treated. The present methods used to exterminate both rats and mice do not normally entail the recovery of the bodies of the pests exterminated. A total of 643 rat and 767 mice bodies were, however, recovered during the year.

The much publicised Warfarin resistant rats which apparently exist in certain parts of England and Wales have not so far been found in this area. Conventional methods for the extermination of rats, using anti-coagulants, continued throughout the year and was still being effective. Mice, however, proved more difficult to treat with anti coagulants, and as in previous years, showed greater resistance to their effects. This has entailed the use of well tried chemical poisons, trapping and other methods used before the anti coagulant era. It is fortunate that the pest operatives of this department are now very senior and during their long service had become well acquainted with and fully trained in the use of these older methods which they are now having to utilise to deal with the mouse problem. They have, however, found that the use of insecticidal powders as a tracking dust has also proved effective in the extermination of mice.

It is interesting to note that more infestations were found which were attributable to defects of various kinds in drainage systems. 46 such drainage systems were tested by Public Health Inspectors and found to be defective. Action was taken by the inspectors to have the necessary repairs carried out by the owners. This development may be due to the failure to carry out the autumnal treatment of the sewers for two consecutive years.

Only one routine maintenance treatment of the Local Authority's sewers compared to the usual two, was carried out in the spring of 1970. This treatment entailed the baiting of 3,469 manholes and in 618 of these manholes 'takes' were recorded.

Barley-meal bait base was used for this treatment to which Warfarin was added and to a limited extent in certain areas Zinc Phosphide was used as the poison.

The autumn treatment had to be abandoned in order that the pest operatives could deal with the problems created by the large collections of refuse deposited at the various emergency tips throughout the town.

It was found necessary to serve four Notices under the Act upon owners or occupiers of properties who would not take the necessary action when approached informally to abate conditions which were encouraging or harbouring rats or mice. Legal proceedings were taken against the owner of a property who failed to comply with the requirements of a formal Notice served under the Act. The Court found the case proved and imposed a fine of £20 with 8 guineas costs.

### REDUCTION OF HOUSEHOLD PESTS

A total of 323 premises were treated to eradicate a variety of household pests. Of this number, 25 cases involved houses infested by bed bugs. This number was made up of 14 cases in Council houses and 11 in other dwellings. The incidence of infestation by bed bugs is very much greater than the figures recorded for any of the previous ten years.

This development has caused concern and in consequence, each case has been thoroughly investigated. From these investigations an attempt has been made to determine a likely explanation for the reappearance of an old problem which has long since been considered solved. Unfortunately, no common pattern emerged as a result of the investigations which could account for the unusual number of infestations.

The work of disinfestation was carried out by members of the Pest Control Section under the supervision of the Public Health Inspector in charge of the case. The treatment of the premises entailed the use of a liquid suspension of D.D.T.

### WASPS' NESTS

The service for the destruction of wasps' nests undertaken by the Pest Control Section continued during 1970 and a total of 482 nests were destroyed. The records for the seven previous years showed an interesting fluctuation year by year in the number of nests destroyed. The numbers in each year were alternately high and low and it was thought that perhaps a new fact of "waspy" natural history was about to be discovered, 1970 destroyed this hope. To follow the pattern it should have been a year of low incidence. It was, however, a year of high incidence despite the increase in the charge for the destruction of these nests.

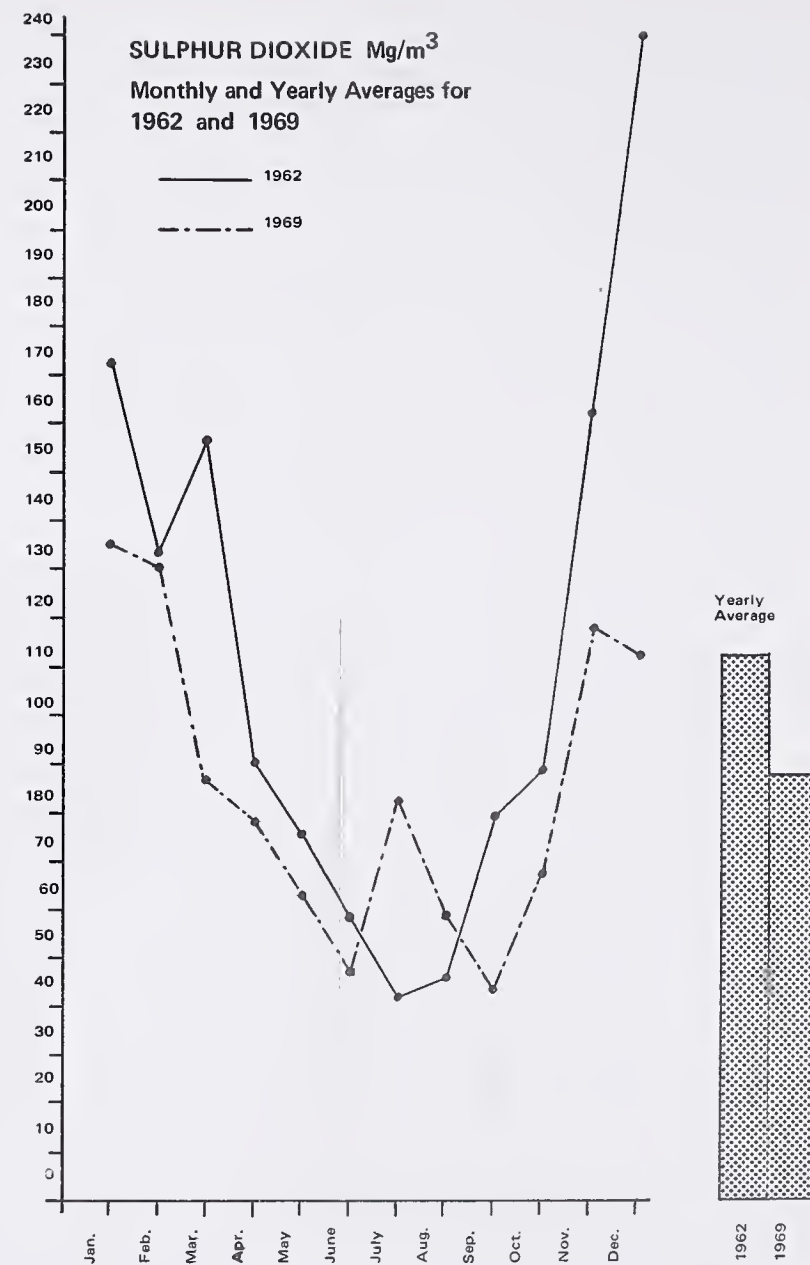
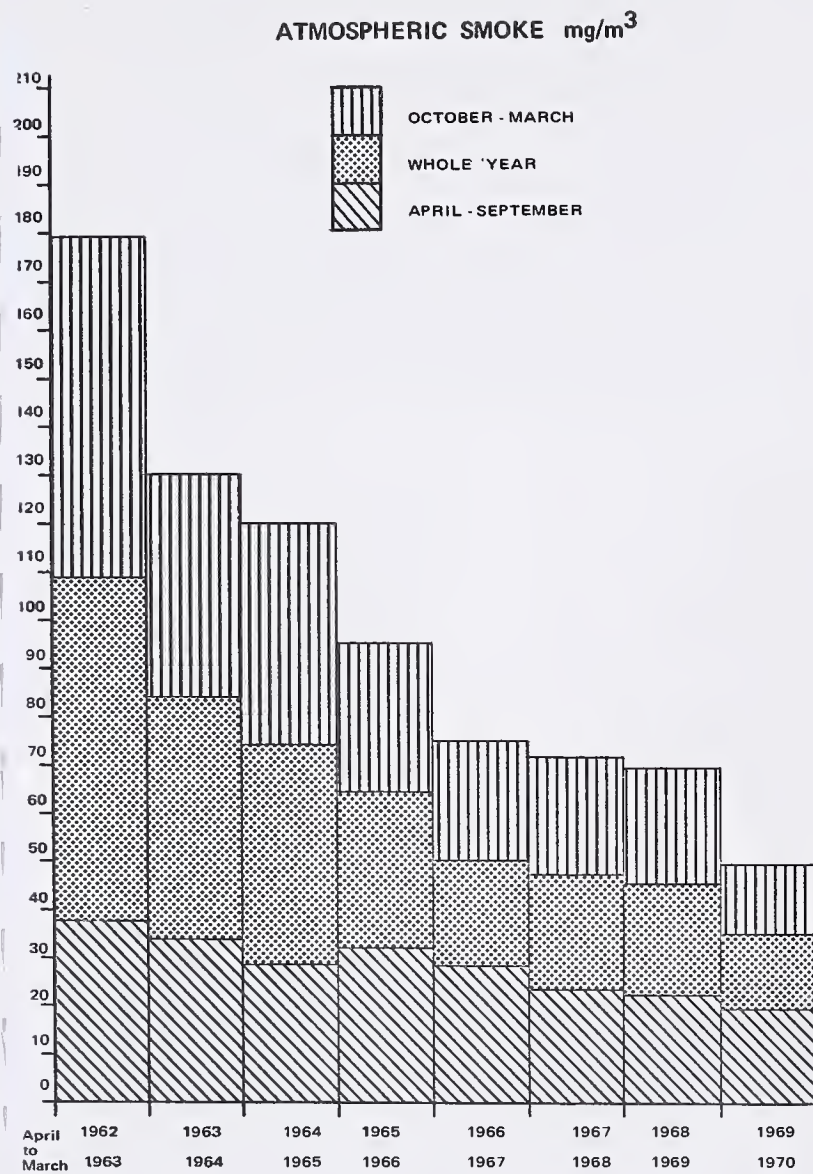
### PIGEONS IN PUBLIC PLACES

Provision is made in the Public Health Act 1961 for the reduction of feral pigeons by a Local Authority. Measures were taken to reduce the number of pigeons in the centre of the town. During the year 390 pigeons were caught by trapping and humanely destroyed.

### COCKROACHES AND OTHER INSECT PESTS

During the year 385 premises were treated for the eradication of cockroaches and various other insects.







## ATMOSPHERIC POLLUTION

### MEASUREMENT OF ATMOSPHERIC POLLUTION

Measurements continued to be made from the two stations situated at the Health Department in Elm Street and at Murrayfield Junior School in Nacton Road. The number of visits involved was 487.

The two graphs shown on the opposite page illustrate the concentration of smoke and sulphur dioxide which have been recorded in the atmosphere of the town since 1962.

It will be seen that there has been a steady decrease in the amount of smoke during the period from April 1962 to March 1970 although the 1969/1970 figure may be on the low side since it is based on readings from two stations only, it having been decided to reduce the number of recording stations from 4 to 2 in 1969. Nevertheless, the graph illustrates the change from coal burning in both the industrial and domestic fields to the smokeless fuels and to oil.

The sulphur dioxide graph does not show the same reduction since sulphur is still present in solid smokeless fuel and in oil. With the probable increase in the use of natural gas which has a very low sulphur content, it is anticipated that there will be a greater reduction in future years.

A more balanced picture of the pollution levels would be obtained if there were recording stations in the western parts of the town where there are areas of high density housing which would tend to raise the averages over the whole town.

### COMPLAINTS - CLEAN AIR ACTS

Eighty-eight visits were made as a result of complaints received from members of the public.

The complaints included smoke from the burning of domestic and industrial refuse; smuts from coal and oil fired boilers; dust from the manufacturer of road making materials; the burning of cars; fumes from a chemical works; fumes and smell from an engineering works; and fumes from a mobile tar boiler.

Complaints from workers of difficult working conditions when temperature inversions resulted in the retention at ground level of certain industrial discharges were referred to the Alkali etc. Works Inspector under whose jurisdiction the factory came, and he has recommended certain alterations to the plant to overcome this trouble.

### SMOKE OBSERVATIONS

During the year 98 smoke observations were made and there were 56 visits to factories.

No legal action was found to be necessary and complaints were resolved by visiting the premises in question and by advising occupiers on remedial measures required.

### Summary of Visits

Atmospheric Pollution	487
Smoke observations	98
Complaints	88
Factories	56
	---
	729

## NOISE ABATEMENT ACT, 1960

During 1970 a total of fourteen complaints concerning noise were received and investigated. These investigations entailed 121 visits to ascertain whether or not the noise being emitted was a nuisance and what action would be justified to reduce or remedy it.

The ratio of complaints to visits of 1:9 and the length of time involved in taking a series of sound level meter readings combined with the phenomenon that noise is more noticeable at night contribute to producing the most time consuming type of complaint the Public Health Inspector has to investigate.

This particular type of investigation is not only time consuming but demands a marked degree of diplomacy. Noise after all is subjective and complaints about it usually emanate from one person or household. The Inspector taking an objective view, as he must, of the sound which is the subject of complaint, can obtain results which are counter to the opinions of the complainants. It is not unusual to find that the complaint of noise has arisen as a result of some much deeper and long standing source of irritation or frustration to the complainant.

However, in cases where the complaints are shown by the Inspector's observations to be justified, little difficulty has been experienced in most cases in securing by informal action the modification of the installations which are found to be the source of the noise. These remedial measures usually consist of baffling, screening or adjustments in hours of operation and combinations of these measures.

## LAND CHARGES ACT

During the year 3,396 enquiries were made under this Act.

## EXAMINATION OF PLANS

The Borough Surveyor sends copies of plans to the Public Health Department where it is considered that the matters included in the plan concern matters which are affected by legislation administered by this Section.

In 302 cases plans were sent to the department and observations concerning them were made. These comments were conveyed by the Borough Surveyor's Department to the persons submitting the plans for approval.

## APPENDIX I

## SANITARY INSPECTION OF AREA

## Analysis of Inspections

## HOUSING CONDITIONS

Houses for detailed inspection	831
Houses for overcrowding	81
Houses for nuisances	521
Houses for disrepair	1211
Houses for verminous or filthy condition	298
Houses for drainage	1379
Houses for disrepair certificates	14
Houses for Improvement Grants	731
Caravans and temporary dwellings	30
Common Lodging Houses	52
Houses let in multiple occupation	174
Houses measured for permitted number	5
Miscellaneous Visits	879
Total Inspections Housing Conditions	6206

## FOOD

Food Inspection at Port	575
Poultry Inspection	29
Slaughterhouses	1833
Butchers Shops	172
Dairies and Shops selling milk	530
Bakehouses	86
Ice Cream Premises	148
Fried Fish Premises	87
Other Fish Premises	38
Cafes, Restaurants, Snack Bars, Canteens	401
Food Hawkers, Market Stalls and Delivery Vehicles	123
Wholesale Food Premises	181
Supermarkets, Multiple Stores and Miscellaneous Food Premises	409
Green Grocers Shops	93
Grocers Shops	211
Licensed Premises	91
Food Inspections at Public Health Dept.	113
Total Inspections with reference to Food	5120
Visits to investigate disease of animals	16
Visits to investigate infectious disease	798

## MISCELLANEOUS

Factories Act -	Power Factories	33
	Non-Power Factories	1
	Building Sites	4
	Outworkers	3
	Sanitary Acc. Regs.	13

Offices, Shops and Railway Premises Act, 1963	1084
Manure	3
Shops Act	224
Schools	53
Rodent Control	403
Pet Animals Act	33
Rag Flock Act	4
Accumulation of Refuse	448
Refuse Tips	533
Hairdressing Premises	56
Fertiliser & Feeding Stuffs Act	12
Health Education (Lectures etc.)	52
Port Health	905
Public Conveniences	13
Miscellaneous Visits	23
Total Miscellaneous Inspections	3900
CLEAN AIR	
Atmospheric Pollution	211
Smoke Observations	98
Complaints	88
Factories	56
Total Clean Air Act Inspections	453
NOISE	
Visits to complaints	110
Visits during which readings taken	11
Total inspections Noise Abatement	121
Water Supplies - Drinking	206
Water Supplies - Swimming	85
Total Water Supplies Inspections	291
OTHER INSPECTIONS	
Visits to offices, shops, etc. for public health nuisances	23
Visits for licencing under various miscellaneous Acts	9
	----
TOTAL	16,937

## ANALYSIS OF WORK CARRIED OUT

## DRAINAGE

Drains smoke tested	127
Drains unblocked and cleansed	384
Drains repaired	33
Inspection chambers repaired	13
Total drainage works	557

## HOUSES

New doors fixed	1
New water closet pans fixed	16
New flushing apparatus to water closet	6
Flushing apparatus to water closet repaired	31
Water closet seats fixed	4
Flush pipe joints repaired	3
Roof repaired	50
Chimney stack repaired	8
Roof gutters repaired or renewed	12
Eaves gutters/rainwater pipes repaired or renewed	42
Brickwork re-pointed	16
Dampness otherwise remedied	15
Wall cement rendered	11
Floors repaired	36
Ceiling plaster repaired	44
Wall plaster repaired	81
Firegrates repaired	3
Sashcords renewed	34
Windows repaired or renewed	79
Doors repaired	28
Dustbins provided	16
New sink waste pipes fixed	6
New sink waste pipes repaired	6
Miscellaneous works	25
Total works carried out to houses	573

## FOOD PREMISES

Wash hand basin provided	1
Walls, ceiling, floors, repaired	28
Walls, ceiling, floors, redecorated	69
Washing facilities provided	25
Water closets repaired or reconstructed	23
Dustbin provided	104
Total work on Food Premises	250



## MISCELLANEOUS

Walls, etc. cleaned and redecorated	20
Accumulations of refuse or manure removed	73
Dirty persons cleansed	11
Premises treated for insect infestations	60
Miscellaneous works carried out	16
Total works carried out	180

## PROGRESS OF NOTICES

Informal Notices served	554
Informal Notices abated	538
Statutory Notices served	108
Statutory Notices abated	104

## OTHER WORK

## FOOD PREMISES

Hot water provided to sinks	1
Space Heating supplied	1

## MOBILE SHOPS

Repairs to entrance steps	1
---------------------------	---

## HOUSES IN MULTIPLE OCCUPATION

Fire escapes provided	2
Staircases fire-proofed	1
Food Stores provided	2
Damp-proof course inserted	2
Drains sealed	10
New sinks provided	1

## OFFICES, SHOPS &amp; RAILWAY PREMISES ACT, 1963

Abstracts of Act provided	138
Issued:- Your Guide to the Food Hygiene Regulations	2
'Now wash your hands' Notices	3
Cards re illnesses to be reported to employer	3
Dangerous Machines Guarded	15
First Aid equipment provided	15
Premises cleansed	27
Artificial lighting provided	7
Heating of premises improved	7
Water Storage tank provided	1
Thermometers provided	30
Hot water provided	18
Handrails provided	14
Floor openings guarded	8
San. conveniences repaired	10
Ventilation improved	17
Sanitary accommodation marked for sex	5
Seating improved	4



Floors repaired	4
Walls repaired	2
Stairway redecorated	1
New. San. convenience provided	3
Wash basins installed	14
Meal facilities improved	1
Other works done	30
Overcrowding abated	5

## APPENDIX 2

### THE OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

No. of newly registered premises	105
No. of premises in respect of which general inspections were made	209
No. of visits made to registered premises	1084
At the close of the year the number of premises registered under the act were as follows	
Offices	521
Retail shops	699
Wholesale Shops, Warehouses	71
Catering establishments open to the public, canteens	93
Fuel Storage Depots	Nil
	-----
	1384

## ACCIDENTS

The number of accidents officially notified during 1970 was 39.

### Reported accidents in 1970 analysed by workplace and sex - adults and young persons

Class of Workplace	Adults (18 & over)		Young Persons (under 18)		Totals
	M	F	M	F	
Offices	2	7	-	1	10
Retail shops	5	15	-	2	22
Wholesale Departments/ Warehouses	3	-	-	-	3
Catering Establishments open to public	-	1	-	2	3
Canteens	-	1	-	-	1
<b>TOTALS</b>	<b>10</b>	<b>24</b>	<b>-</b>	<b>5</b>	<b>39</b>

### Reported accidents in 1970 by primary cause and age and sex

Primary Cause	Adults (18 & over)		Young Persons (under 18)		Totals
	M	F	M	F	
<b>TRANSPORT</b>					
Vehicle in motion not moved by power	1	-	-	-	1
<b>FALLS OF PERSONS</b>					
On or from fixed stairs	-	5	-	2	7
On or from ladders or step ladders	1	-	-	1	2
Other falls from one level to another	1	6	-	-	7
Falls on the same level	1	5	-	2	8
<b>STEPPING ON OR STRIKING</b>	-	5	-	-	5
<b>HANDLING GOODS</b>	4	1	-	-	5
<b>USE OF HAND TOOLS</b>	2	-	-	-	2
<b>NOT OTHERWISE SPECIFIED</b>	-	2	-	-	2
<b>TOTALS</b>	<b>10</b>	<b>24</b>	<b>-</b>	<b>5</b>	<b>39</b>

### Reported accidents in 1970 by nature of Injury: and age and sex

Nature of Injury	Adults (18 & over)		Young persons (under 18)		Totals
	M	F	M	F	
Fractures and Dislocations	1	8	-	1	10
Sprains and Strains	3	7	-	3	13
Open wounds and Surface injury	5	2	-	-	7
Bruising, crushing and con- cussion	1	7	-	1	9
<b>TOTALS</b>	<b>10</b>	<b>24</b>	<b>-</b>	<b>5</b>	<b>39</b>

## Reported accidents in 1970 by site of injury and nature of injury

Site of Injury	Nature of Injury			
	Fractures & Dislocations	Sprains & Strains	Open Wounds & surface injury	Bruising crushing & concussion
HEAD				
Scalp	-	-	1	-
Other	1	-	-	1
TRUNK INCLUDING NECK				
Back	-	3	-	1
Other	1	-	-	3
UPPER LIMB				
Hand alone	1	-	5	-
Other	3	4	-	1
LOWER LIMB				
Toes alone	1	-	-	-
Lower leg and/or ankle only	1	7	1	1
Other	2	1	-	2
OTHER	-	1	-	-
TOTALS	10	13	7	9

## CONTRAVENTIONS:

The number of verbal or written intimations issued for contraventions of the Act during 1970 was 209.

Analysis of contraventions found during 1970 was as follows:-

Section 4	Cleanliness	10
Section 5	Overcrowding	1
Section 6	Temperature	64
Section 7	Ventilation	11
Section 8	Lighting	4
Section 9	Sanitary Conveniences	24
Section 10	Washing Facilities	27
Section 16	Floors, Passages and Stairs	15
Section 17	Fencing exposed parts	
	Machinery	11
Section 24	First Aid	57

## OTHER MATTERS

Section 50	Absence of Abstracts (information to employees)	116
Section 20	Adverse reports on lifts	8
	Accumulations of rubbish	2

During the year 1970, contraventions were remedied at 182 premises for which previous intimations had been given, and in order to comply, the following items were provided or works carried out:-

#### CLEANLINESS

Offices/Shops	24
Walls	4
Ceilings	3
Cloakrooms	2

#### OVERCROWDING

Number of cases where overcrowding abated	2
---	---

#### TEMPERATURE

Thermometers provided	33
Inadequate heating improved	5

#### VENTILATION

Improved	12
Mechanical ventilation provided	2
Sash cords repaired	1

#### LIGHTING

Improved	6
----------	---

#### SANITARY ACCOMMODATION

Compartments cleansed and/or redecorated	12
Intervening ventilated space provided	1
New water closets provided	1
Not marked for sex	13
Ventilation provided	1
Repairs to fittings	2
Artificial light provided	8
Water closet pans cleansed	1
Floors and walls repaired	1
Means for disposal of sanitary dressings provided	1

#### WASHING FACILITIES

Running hot water provided	16
New wash hand basins provided	9
Not marked for sex	7
Fittings cleansed	2
Water to washing facilities re-instated	1
Hand drying facilities provided	1
Compartments cleansed	1

#### SUPPLY OF DRINKING WATER

Provision of drinking fountains	3
---------------------------------	---

#### ACCOMMODATION FOR CLOTHING

Cloakroom accommodation enlarged and improved	1
---	---

SITTING FACILITIES	
Seats/Stools provided	1
EATING FACILITIES	
Meal facilities provided	1
STAIRS, FLOORS, PASSAGES, OPENINGS	
Unfenced floor openings dealt with	3
Handrails provided to staircase	14
Obstructed stairway cleared	1
Guards provided to open sides of staircases	3
Floors - repaired/renewed/recovered	8
FENCING OF MACHINERY	
Guards provided for food slicing machines	13
HOISTS AND LIFTS	
Various repairs	7
FIRST AID	
First-aid boxes provided or replenished	27
First-aid notices posted - Section 24(5)	1
INFORMATION TO EMPLOYERS	
Abstract of the Acts provided	124
MISCELLANEOUS	
Damp wall replastered/redecorated	2
Roofs repaired	2

### APPENDIX 3

#### HOUSING

1. INSPECTION OF DWELLING-HOUSES DURING THE YEAR	
1 (a) Total number of dwelling-houses inspected for housing defects under Public Health or Housing Acts and the Rent Act, 1957	2751
(b) Number of inspections made for that purpose	2966
2 (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1932	659
(b) Number of inspections made for the purpose	736
3. Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	33
4. Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	264

## 2. REMEDY OF DEFECT DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or its officers 309

## 3. HOUSING ACT, 1936 PART IV. OVERCROWDING

(a)	(i)	Number of dwellings overcrowded at the end of the year	4
	(ii)	Number of families dwelling therein	5
	(iii)	Number of persons dwelling therein	43
(b)		Number of new cases of overcrowding reported during the year	12
(c)		Number of cases rehoused during the year	10
(d)		Number of persons concerned	80

## 4. CLEARANCE AREAS

Housing Act, 1957 Section 42

	No. of premises	No. of occupants
Woodbridge Road (77/97 inc. odds) Clearance Area 1970	7	10

## 5. OTHER UNFIT HOUSES

(a)	Housing Acts, 1936 and 1957	
(i)	Houses demolished as a result of formal or informal procedure under Sections 16 and 17, Housing Act, 1957	5
(ii)	Houses closed in pursuance of an undertaking given by the owners under Section 16, Housing Act, 1957	1
(iii)	Parts of buildings closed under Section 18, Housing Act, 1957	3
(b)	Housing Acts, 1949 and 1957	
	Closing Orders made under Section 17(1) of the Housing Act, 1957	22
(c)	Local Government (Miscellaneous Provisions) Act, 1953 and Housing Act, 1957	
	Closing Orders made under Sections 17(3) and 26 of Housing Act, 1957	Nil
(d)	Housing Act 1957	
	Closing Orders determined under Section 27	Nil

## 6. HOUSING ACT 1949 - IMPROVEMENT GRANTS

During the year 731 visits were made to 438 premises for inspections with reference to applications for improvement grants;

## 7. DISREPAIR CERTIFICATES

Rent Act, 1957

During the year 9 applications for Disrepair Certificates were received. 7

certificates were issued and also 3 undertakings to carry out work were accepted.

#### APPENDIX 4

##### INSPECTION AND SUPERVISION OF FOOD

##### 1. MILK SUPPLIES

(a) Inspections of Dairies under the Milk and Dairies Regulations 1949		
	No. of Dairies Registered	9
	No. of Distributors registered	221
	No. of Visits to Dairies and Shops selling milk	530
(b) Bacteriological Examination of Milk		
	No. of School Milk samples taken	49
	No. of Designated Milk samples taken	329
(c) The Milk (Special Designations) Regulations 1963		
	No. of Dealers (Pasteurisers) licences operative in 1970	3
	No. of Dealers (Pasteurisers) Licences issued in 1970	Nil
	No. of Dealers Licences for 'Pasteurised' Milk operative in 1970	221
	No. of Dealers Licences for 'Pasteurised' Milk issued in 1970	23
	No. of Dealers Licences for 'Untreated' Milk operative in 1970	16
	No. of Dealers Licences for 'Untreated' milk issued in 1970	2
	No. of dealers Licences for 'Sterilised' milk operative in 1970	68
	No. of dealers Licences for sterilised milk issued in 1970	5
	No. of Dealers Licences for 'Ultra Heat Treated' milk operative in 1970	53
	No. of Dealers Licences for 'Ultra Heat Treated' milk issued in 1970	6



## APPENDIX 5

## MEAT AND OTHER FOODS

Carcases and Offal Inspected and Condemned in whole or in part

	Cattle (exclud- ing cows)	Cows	Calves	Sheep and Lambs	Pigs
Number killed	12998	2473	273	4571	122326
Number inspected	12998	2473	273	4571	122326
All diseases except T.B. and Cysticerci. Whole carcasses condemned	16	11	12	69	767
Part carcasses condemned	3334	1183	67	352	36649
Percentage of number inspected affected with disease other than T.B. and cysticerci	25.77	42.28	28.57	9.21	30.57
Tuberculosis only Whole carcasses condemned	-	-	-	-	- 8
Part carases condemned	-	-	-	-	6452
Percentage of number inspected affected with tuberculosis	-	-	-	-	5.28
Cysticercus Carcases of which some part or organ was condemned	10	3	-	-	-
Carcases submitted to treatment by refrigeration	10	3	-	-	-
Generalised and totally condemned	-	-	-	-	-

Each of the 13 carcasses affected by Cysticercus Bovis was treated by cold storage for 21 days before release for consumption.

The total number of carcasses examined as shown in the above table was 142,641. This shows an increase of 489 on last year.

Three private slaughter-houses were licensed during 1970.

## MEAT INSPECTION REGULATIONS, 1963

The Public Health Inspectors were able to comply fully with the Regulations and 100% inspection was carried out.

The undermentioned foodstuffs were condemned as unfit for human consumption during the year:-

BEASTS	Numbers	Tons	Cwts	Qrs	Lbs
Carcases	27	5	0	2	21
Part Carcases	21	-	13	2	5
Trimming	76	-	4	2	26
Heads	51	-	13	2	15
Tongues	8	-	-	-	27
Lungs	679	2	19	-	14
Livers	3430	19	4	-	6
Hearts	37	-	1	-	23
Skirts	61	-	1	-	22
Mesenteries	3	-	-	2	4
Spleens	15	-	-	1	2
Kidneys	21	-	-	2	4
Stomachs and Intestines	6	-	1	1	20
	Total	29	1	1	21
CALVES					
Carcases	8	-	7	2	23
Part Carcases	6	-	1	2	23
Lungs	26	-	1	3	13
Livers	6	-	-	1	3
Kidneys	1	-	-	-	4
Stomachs and Intestines	1	-	-	-	14
Plucks	1	-	-	-	14
	Total	-	11	3	10
SHEEP					
Carcases	69	1	4	1	8
Part Carcases	7	-	1	1	6
Trimming	9	-	-	1	16
Lungs	49	-	-	1	21
Livers	85	-	1	3	20
Plucks	43	-	1	3	11
	Total	1	10	-	26
PIGS					
Legs and Part Legs	1095	2	8	3	15
Carcases	801	53	4	3	8
Part Carcases	216	1	12	1	20
Trimming	3500	2	10	2	29
Heads	4021	20	18	2	27
Lungs	9288	4	2	3	20
Hearts	1282	-	4	-	11
Livers	3833	6	6	2	8
Mesenteries	698	-	11	-	11
Kidneys	15	-	-	-	15
Flare Fat	5284	4	12	3	24
Stomachs and Intestines	1898	1	13	3	16
Plucks	7544	15	16	1	35
Offal	2194	2	18	3	2
	Total	117	2	1	25
Grand Total		148	5	3	26

## CONDEMNED FOODSTUFFS - 1970

	Items	Tons	Cwts	Qrs	Lbs
Meat	1649	-	14	2	25
Meat, Bacon, Sausages, etc.	5025	2	5	-	12
Vegetables 1(tins)	18932	8	9	-	4
Vegetables	435	-	3	3	15
Soup	661	-	5	3	17
Jam. Marmalade, etc.	27	-	1	3	-
Milk	218	-	-	3	25
Fruit (tins)	3960	1	15	1	12
Fruit	2475	1	2	-	11
Fish (tins)	913	-	4	-	-
Fish	668	-	5	3	24
Poultry (Whole)	1699	-	15	-	19
Poultry (Parts)	125	-	1	-	13
Rice Puddings	135	-	-	3	18
Milk Puddings other than Rice	87	-	-	2	10
Puddings other than milk	347	-	3	-	11
Biscuits, Cakes and Pies	20845	16	12	-	26
Eggs	60	-	1	-	8
Sauces and Pickles	645	-	2	3	14
Butter, Margarine, Cooking Fats	730	-	6	2	2
Cream	316	-	1	-	6
Fruit Juices	116	-	1	-	4
Vegetable Juices	36	-	-	-	22
Cereals	281	-	1	1	-
Desiccated Coconut	100	-	-	3	16
Meat & Fish Pastes & Other Spreads	198	-	1	-	12
Baby Foods	42	-	-	-	7
Confectionery	155	-	1	1	15
Flour	255	-	2	1	3
Cheese	276	-	2	1	24
Tea	1159	-	10	-	11
Sugar	295	-	2	2	15
Miscellaneous (No Labels)	238	-	2	-	14

---

Totals	34	19	0	23
--------	----	----	---	----

In addition to the items listed above, the following foodstuffs were condemned during the year, as a result of breakdown in refrigeration apparatus.

Vegetables	3006	1	-	-	19
Meat Products	2033	1	1	2	23
Poultry	629	-	5	2	13
Fish Products	3374	-	13	-	4
Cakes, Pastries, etc.,	1387	-	3	2	22
Ice Cream	148	-	1	1	8
Ice Cream (Misc.)	381	-	1	-	18
Minerals	18	-	-	-	5
Fruit Juices	123	-	1	1	4
Fruit	16	-	-	-	8
Cream (Yoghurt etc.)	630	-	1	1	18
Fish	768	-	3	1	20

---

Total	3	12	3	22
-------	---	----	---	----

Grand Total	38	12	0	17
-------------	----	----	---	----

## APPENDIX 6

TABLE 'A'

## FOOD PREMISES IN THE BOROUGH

(all comply with Secs. 16 and 19 of Food Hygiene (Gen.) Regulations 1960)

## RETAIL

Butchers	88
Bakers and Confectioners	48
Grocers	162
Greengrocers and Fruiterers	68
Sweets and Mixed	84
Fish Shops (all types)	63
(Frying carried out at premises)	50
Cafes, Restaurants, etc.	74
Licensed Premises, Hotels etc.	130

## WHOLESALE ONLY

Butchers	5
Butchers Supplies (Sausage meats, etc.)	2
Greengrocers and Fruiterers	8
Grocers	8
Fish	1
Sweets	3
Ice-cream	5

## MANUFACTURER ONLY

Ice-cream	1
Brewers	1
Sweets	1

TABLE 'B'

## FOOD PREMISES ETC

The following table shows the number of registered food premises, etc. in the Borough and the number of inspections carried out in connection therewith.

Type of Registration	No. Of Premises	No. of Inspections
(a) Food and Drugs Act, 1955		
(i) Preparation or manufacture of potted, pickled or preserved food.	104	172
(ii) Preparation or manufacture of sausages	85	
(iii) Manufacture, Storage or sale of ice cream	1	60
(iv) Wholesale Storage and sale of ice cream	4	208
(v) Wholesale and Retail Storage and Sale of ice cream	2	
(vi) Retail Sale and Storage of ice cream	381	
(vii) Boiling Shellfish	11	2

Continuation of Food Premises Type of Registration	No. of Premises	No. of Inspections
(b) Ipswich Corporation Act, 1948		
(i) Hawkers of Food - Section 126	47	123
(ii) Vendors of Shellfish - Section 127	23	5
(c) Milk and Dairies Regulations, 1949		
(i) Distributors; and Shops selling milk	245	} 530
(ii) Dairies	9	

## APPENDIX 7

## Factories Act, 1937 and 1948

## (a) Inspections for purposes of Provisions as to Health

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	13	1	-	-
2. Factories not included in (1) in which Section 7 is enforced by the L.A.	487	33	Nil	-
3. Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	—	-	-	-
TOTALS	500	34	-	-

## (b) Cases in which defects were found

Particulars	Number of Cases				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable Temperature (S.3)	-	-	-	-	-
Inadequate Ventilation(S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Convenience (S.7)	-	-	-	-	-
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-

## Continuation of Cases in which defects were found

Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Totals	-	-	-	-	-

## (c) Outworkers Premises

2 visits were made to outworkers premises during the year

Nature of work  (1)	Section 133			Section 134		
	No. of outworkers in August list required by Section 133 (1) (c) (2) (2)	No. of cases default in sending list to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel	128	Nil	Nil	Nil	Nil	Nil

## (d) Factory Canteens

12 visits made to factory canteens during 1970

O. C. Williams,  
Chief Public Health Inspector





port  
health

1970



SECTION 1  
TABLE A

Name of Officer	Nature of Appointment	Date of Appointment	Qualifications	Any other appointments
B. A. Smith	Port Medical Officer	1.1.67	M.B.,B.S.,D.P.H.	Medical Officer of Health to the County Borough of Ipswich.
M. F. H. Bush	Deputy Port Medical Officer	1.6.67 resigned 31.8.70	M.B.,B.S., M.R.C.S., L.R.C.P.,D.P.H., D.C.H.	Deputy Medical Officer of Health to the County Borough of Ipswich
J. D. Halford	Assistant Port Medical Officer (part-time)	21.5.69	M.B.,Ch.B. Ed.	
A. J. C. Hyde	Assistant Port Medical Officer (part-time)	21.5.69	M.B.,B.S.,D.Obst., R.C.O.G.	
O.C. Williams	Chief Port Health Inspector	1.7.69	Certificates of R.S.I. and S.I.E.J.B. as a Sanitary Inspector, an Inspector of Meat & Other Foods and as a Smoke Inspector	Chief Public Health Inspector
J. E. Johnstone	Deputy Chief Port Health Inspector	1.7.69	D.M.A., Certificates of R.S.H.S. as a Sanitary Inspector, an Inspector of Meat and Other Foods and as a Smoke Inspector	Deputy Chief Public Health Inspector
D. A. Bloomfield	Port Health Inspector	14.10.69	Dipolma of P.H. I.E.B.	District Public Health Inspector
H. M. Southall	Section Senior Clerk	14.11.66		Section Senior Clerk, Health Department
R. H. Ainsworth	Rat Searcher	13.7.59		Supervisor of Pest Control Operatives

Address and Telephone Number of the Medical Officer of Health:-

*Health Department, Elm Street, Ipswich*

*Telephone: Ipswich 55511*

## SECTION II - AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR

### TABLE B

Ships from	Number	Tonnage	Number Inspected		Number of ships reported as having or having had during the voyage Infectious Disease on board
			By the P. M.O.H.	By the Port Health Inspector	
Foreign Ports	1,451	438,221	4	203	-
Coastwise	1,474	649,458	-	52	-
Total	2,925	1,087,679	4	255	-

## SECTION III - CHARACTER OF SHIPPING AND TRADE

### TABLE C

#### *Passenger Traffic:*

Number of passengers inwards ..... 435

Number of passengers outwards ..... 425

#### *Cargo Traffic:*

Principal Imports: Petroleum, fertilisers, grain, coal, roadstone, soft woods, feeding meals, oil cake, bacon, electrical equipment, flaxboard, paper, fruit and vegetables, meat products, basketware.

Principal Exports: Fertilisers, malt, coke breeze, grain, farm machinery, whisky, electrical goods, caravans, motor vehicles.

#### *Principal Ports from which Ships Arrive:*

Antwerp, Blyth, Bremen, Casablanca, Coryton, Famaguster, Fawley, Fredericksund, Gdansk, Gdynia, Goole, Gt. Yarmouth, Hamburg, Hamina, Hull, Immingham, Inverkeithing, Isle of Grain, Kirkcaldy, Kotka, Leith, London, Le Treport, Maasluis, Middlesborough, Rochester, Rotterdam, Rozen, Tees, Terneuzan, Thameshaven, Vamen, Wismar.

## SECTION IV - INLAND BARGE TRAFFIC

None

## SECTION V - WATER SUPPLY

No Change

## SECTION VI - PUBLIC HEALTH (SHIPS) REGULATIONS, 1966

No Change

## SECTION VII - SMALLPOX

- (1) NAME OF ISOLATION HOSPITAL TO WHICH SMALLPOX CASES ARE SENT FROM THE DISTRICT  
Ipswich Smallpox Hospital, Foxhall Heath
- (2) ARRANGEMENTS FOR TRANSPORT OF SUCH CASES TO THAT HOSPITAL BY AMBULANCE, GIVING THE NAME OF THE AUTHORITY RESPONSIBLE FOR THE AMBULANCE AND THE VACCINAL STATE OF THE AMBULANCE CREWS  
Ipswich Ambulance Service  
The vaccinal state of the ambulance crew is under constant review.
- (3) NAME(S) OF SMALLPOX CONSULTANT(S) AVAILABLE  
Dr. D. Van Zwanenberg, St. Helen's Hospital, Foxhall Road, Ipswich
- (4) FACILITIES FOR LABORATORY DIAGNOSIS OF SMALLPOX  
Public Health Laboratory, Heath Road Wing, Ipswich, and East Suffolk Hospital, Woodbridge Road East, Ipswich  
Cavendish Laboratory, Austin Wing, Free School Lane, Cambridge.  
Telephone: Cambridge 54481.

## SECTION VIII - VENERAL DISEASE

Diagnosis and treatment is carried out at the Ipswich and East Suffolk Hospital at the following times:-

MALES: Mondays, 5.30 - 7.30 p.m. Fridays, 1 - 2.30 p.m.

FEMALES: Mondays, 7.30 - 8.30 p.m. Tuesdays, 2.30 - 4 p.m.  
Fridays, 3.30 - 5.30 p.m.

There are beds available for in-patient treatment.

## SECTION IX - CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS

TABLE D

Category	Disease	No. of cases.during the year		No. of Ships concerned
		Passengers	Crew	
Cases landed from ships from Foreign Ports	None	None	None	None
Cases which have occurred on ships from Foreign Ports but have been disposed of before arrival	None	None	None	None
Cases landed from other ships	None	None	None	None

## SECTION X - OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

No Cases have occurred

## SECTION XI - MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE

No cases have occurred

## SECTION XII - MEASURES AGAINST RODENTS SHIPS FROM FOREIGN PORTS

No change

## RODENTS DESTROYED DURING THE YEAR IN SHIPS FROM FOREIGN PORTS

Table E Nil

### TABLE F

## DE-RATting CERTIFICATES AND DE-RATting EXEMPTION CERTIFICATES ISSUED DURING THE YEAR FOR SHIPS FROM FOREIGN PORTS

Ipswich is not an approved port

## SECTION XIII - INSPECTION OF SHIPS FOR NUISANCES

### TABLE G

## INSPECTIONS AND NOTICES

Nature and Number of Inspections		Notice served		Results of Serving Notices
		Statutory Notices	Other Notices	
British Ships	73	Nil	2	Complied with
Other Nations	192	Nil	Nil	
Total	255	Nil	2	-

## SECTION XIV - PUBLIC HEALTH (SHELL-FISH) REGULATIONS 1934 - 1948

No change

## SECTION XV - MEDICAL INSPECTION OF ALIENS

No change

## SECTION XVI - MISCELLANEOUS

No change

## SECTION XVII

## PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS, 1968 -

## FOOD INSPECTION

During the first half of 1970, a considerable volume of Australian containerised traffic was redirected through the Port of Ipswich due to a prolonged industrial dispute at Tilbury Container Dock. A large proportion of this traffic consisted of various types of foodstuff, which although mainly dealt with at Inland Clearance Depots, entailed considerable involvement by the Public Health Department. This took the form of liaison with the local authorities responsible for the Inland Clearance Depots.

The regular services between Ipswich and the continental ports of Bremen, Hamburg, Rotterdam, Maasluis, Antwerp, Le Treport, Rouen and Gdynia continued, all carrying quantities of foodstuffs, particularly the Gdynia - Ipswich line.

New regular services commenced between Ipswich and Cyprus and Boston, U.S.A. and the services between Ipswich and Scandinavian ports carried increasing amounts of foodstuffs.

## FOODSTUFFS INSPECTED

	Tons	Cwts	Qtrs	lbs
Bread Products	50	5	2	7
Butter	873	2	1	-
Cheese	193	-	3	5
Coffee/Beverages	44	18	1	12
Confectionery	214	-	3	22
Eggs	278	17	1	6
Essences/Flavours	2	10	1	26
Fish/Fish Products	22	16	3	4
Fruit	424	-	2	14
Fruit Drinks	24	11	1	3
Marzipan	9	10	2	17
Meat Products	5,973	19	1	3
Milk (Dried & Condensed)	153	-	1	18
Mineral Water	58	8	-	4
Mustard	2	16	3	5
Nuts	128	-	2	-
Preserves	124	5	-	14
Soups	2	14	2	15
Special Products	29	8	2	3
Spices	5	2	-	-
Vegetables	197	19	1	4
Yeast	12	8	-	-
<hr/>				
Total	8,735	.17	-	14
<hr/>				



In addition, 660 containers of foodstuff were notified to inland authorities in accordance with regulation 5 of the Imported Food Regulations 1968.

### FOODSTUFFS CONDEMNED

	Tons	Cwts	Qtrs	lbs
Pickled Beetroot	1	18	3	10
Pickled Cucumbers	2	2	3	12
Fruit in Syrup	-	5	1	12
Greengages	-	-	1	2
Cherries	-	1	-	8
Bilberries	-	2	1	14
Plum Jam	-	-	2	4
Bilberry Jam	-	-	-	12
Blackcurrants	-	-	3	-
Jellied Veal	-	-	-	12
Pork Loin	-	-	-	22
Stewed Steak	-	-	-	6
Sausage with Sauerkraut	-	-	-	26
Bacon	-	2	2	6
Ham	-	1	1	10
Butter	-	1	2	-
Cheese	-	1	-	21
Eggs	-	2	2	14
Beans	-	-	1	2
Peas	-	-	1	2
Sauerkraut	-	1	-	18
Pickled Onions	-	-	1	2
Rice	-	-	1	6
Confectionery	-	2	-	-
Carrots	-	-	1	7
Fruit Pulp	1	3	2	-
Pineapple Crush	-	6	1	12
Pineapple	-	10	1	19
<hr/>				
Total	7	6	2	25
<hr/>				

Two consignments each of 2 tons 6 cwt. of pork stuffed paprika, one consignment of 4 tons of confectionery and one consignment of 2 tons of confectionery were re-exported when importers were faced with possible condemnation of the consignments.

## ITEMS SAMPLE FOR CHEMICAL ANALYSIS

## Imported Foodstuffs

<i>Name</i>	<i>Result</i>
Red Currant Pulp	Not Genuine. The sample was deficient in fruit content but may not be representative of the bulk. Released for manufacturing purposes after advising purchasers of the position.
Full Cream Dried Milk	Genuine
'Early Bird' Thirst Quenchers	Genuine
Currant Crunch	Genuine
Jelly Chickens (confectionery)	Not Genuine. Contains a red colour which is not one of those permitted by the Colouring Matter in Food Regulations, 1966. Surrendered by importer for destruction.
Fondant Fournes (2 samples)	First sample, Not Genuine - as above. Repeat sample - Genuine, N.P.C. absent.
Herrings in Wine Sauce	Genuine
'Red Hot' China Chilli Powder (2 samples)	Genuine
Tripe 'ala Warsaw	Genuine
{ Hungarian Pork	{ Not Genuine
{ Stuffed Paprika (5 samples)	{ The first sample contained 280 p.p.m. of tin, Further samples contained tin levels between 148 and 253 p.p.m. of tin. Importers offered choice of condemnation or re-exportation. Consignment re-exported.
Fried Herring Bits with Wine and Onions	Genuine
Herring Fillets in Curry Sauce	Genuine
Bilberry Flavouring	Genuine
Green Pepper Flakes	Genuine
Gelee Scheiberr	Genuine
Fondant Mischung	Genuine
Letcho	Genuine
Beef with Vegetables	Genuine
Frankfurters	Genuine

Beans with Pork	Genuine
Pork Goulash	Genuine
Groundnuts	Genuine. Afaltoxin level below 0.02 p.p.m.
Escargots	Genuine
Venaïson Pate	Genuine
Duck Pate	Genuine
Pate de Foie with Perigoid Truffles	Genuine
Pork Shoulder	Genuine
Suckling Pig	Sample chemically satisfactory, but of a poor bacteriological standard. Consignment detained at inland destination. Further samples taken and unsatisfactory items condemned.
Duck Pate	As above for suckling pig
Watercress Soup	Genuine
Crawfish Soup	Genuine
Fish Chowder	Genuine
Bisque of Shrimps	Genuine
Cream Vichyssoise Soup	Genuine
Vanilla Souffle	Genuine
Duck with Orange	Genuine
Valda Pastilles	Genuine
Pure Apple Juice	Genuine
Blackcurrant Drink	Genuine
Orange and Lemon Slices	Genuine
Mixed Dried Fruit	Genuine
Blackcurrant Syrup	Genuine
Morello Syrup	Genuine
Salted Yellow Beans	Genuine
Soy Sauce	Genuine
Chilli Sauce	Genuine
Egg Noodle	Genuine
French Mustard	Genuine
Pork Liver Pate	Genuine
Paella Valenciana	Genuine. Provided that a label in English will be attached before retail sale.

Cous Cous Complet	Genuine - as above
Cous Cous aux legumes	Genuine - as above
Puzza Napoli	Genuine - as above
Assorted Candied Fruit	Not Genuine. The sample contained a non-permitted colour, probably Patent Blue V contrary to the Colouring Matter in Food Regulations. Consignment re-exported.
Pates de Fruits	Not Genuine. The sample contained a non-permitted colour, probably Patent Blue V contrary to the Colouring Matter in Food Regulations. Consignment re-exported.
Confectionery	Genuine. Provided that a label in English will be attached before retail sale.
French Mustard	Genuine - provided that a label in English will be attached before retail sale.
Brazil Nuts	First sample not genuine. 7% of sample rotted. However, inspection showed this to be not representative of the consignment as a whole.
Almonds	Genuine
Walnuts	Genuine
Filbert Nuts	Genuine
Pork Luncheon Meat	Genuine
Plums in Syrup	Genuine
Tinned Asparagus	Genuine
Raviolli with Tomato Sauce	Genuine
Cannelloni with Tomato Sauce	Genuine
Cream of Chestnuts	Genuine
Pistou Provencal Vegetable Soup	Genuine
Onion Soup	Genuine
Orange Juice	Genuine
Grapefruit Juice	Genuine
Sugar Confectionery	Not Genuine. Contains at least one non-permitted colour, probably RFS. Two other yellow colours present in traces. Importers offered choice of re-exportation or destruction in U.K.

Confectionery	Not Genuine. Contains non-permitted colouring matter, Blue VRS. Action as above for sugar confectionery.
Confectionery	Genuine

#### ITEMS SAMPLED FOR BACTERIOLOGICAL EXAMINATION

<i>Name</i>	<i>Result</i>
Icelandic Pressed Cod Roe	Satisfactory
Sausages in Brine	do
Tripe 'ala Warsaw	do
Baltic Sprats	
Polish Minnow in Tomato Sauce	do
Bream in Tomato Sauce	do
Stuffed Carp	
Skumbria in Tomato Sauce	
Chopped Ham and Pork	
Herring Fillets in Mushroom Sauce	do
Dry Sausage	do
Pork Goulash	do
Frankfurters	do
Full Cream Dried Milk (3 samples)	do

#### MEASURES AGAINST RODENTS

##### (1) PREVENTION OF DAMAGE BY PESTS (APPLICATION TO SHIPPING) ORDER, 1951

No Rodent Control Certificates were issued.

During the year the Pest Control Section of the Public Health Department continued to exercise responsibility for rodent control in the port area.

(2) THE TOTAL NUMBER OF RATS DESTROYED IN THE PORT AND BOROUGH DURING THE YEAR WAS AS FOLLOWS:-

Category	Number	
	Estimated kill	Dead Bodies Recovered
Black Rats	-	-
Brown Rats	-	643
Species not known	-	-
Total	-	643
Sent for examination	6	
Infected with plague	Nil	

#### CO-OPERATION WITH OTHER OFFICIALS

I am again very pleased to acknowledge the help and co-operation received by Officers of the Port Health Authority, from officials of H.M. Customs and Excise and the Ipswich Dock Commission.





the  
health  
of the Ipswich  
schoolchild

1970



# COUNTY BOROUGH OF IPSWICH

## EDUCATION COMMITTEE

(Constitution at 31st December, 1970)

The Mayor (Alderman W. M. MORFEY)

Alderman H. R. DAVIS (*Chairman*)

Alderman Mrs. M. J. KEEBLE (*Vice Chairman*)

Alderman C. G. SKINNER	Councillor C. N. RODGERS
Councillor A. G. BARKER	Councillor J. M. ROFF
Councillor Mrs. L. E. DOWNES	Councillor A. E. SEABROOKE
Councillor Mrs. C.E.S. GOODWIN	Councillor Mrs. M.J. SEABROOKE
Councillor	Councillor F.W.A. SKERRITT
Rev. G. F. L. HOLLINGSWORTH	Mr. G. R. E. ADES
Councillor A. A. P. JACOBI	Rev. A. E. EASTER
Councillor Mrs. D.O. MARRIOTT	Canon D. B. MEASURES
Councillor D. MYER	Rev. N. SMITH
Councillor Mrs. N. E. MYER	Mr. G. G. CUBBIN
Councillor Mrs. B.M. PATERNOSTER	Mr. A. J. F. SHINER

## SCHOOLS SUB-COMMITTEE

Alderman Mrs. M. J. KEEBLE (*Chairman*)

Alderman H. R. DAVIS	Mr. G. G. CUBBIN
Councillor Mrs. L. E. DOWNES	Rev. A. E. EASTER
Councillor Mrs. C. E. S. GOODWIN	Rev. D. B. MEASURES
Councillor Mrs. N. E. MYER	Mr. A. J. F. SHINER
Councillor Mrs. B.M. PATERNOSTER	Rev. N. SMITH
Councillor A. E. SEABROOKE	

## SCHOOL HEALTH SERVICE

### MEDICAL STAFF

*Medical Officer of Health and Principal School Medical Officer:*

B. A. SMITH, M.B.,B.S.,D.P.H.

*Deputy Medical Officer of Health and Deputy Principal School Medical Officer:*

M.F.H. BUSH, M.B.,B.S.,M.R.C.S.,L.R.C.P.,D.C.H.,D.P.H. (Resigned 31.8.70)

*Senior Medical Officer:*

JOSEPH BROWN, M.B.,B.S.,B.D.S.,M.R.C.S.,L.R.C.P.,L.M.S.S.A.,L.D.S.,  
R.C.S.,D.(Obst),R.C.O.G.,Dip.Ed. (Lond.),A.K.C.

*Assistant Medical Officers of Health and School Medical Officers:*

MABEL G. MILLS, M.B.,Ch.B.,D.R.C.O.G.

RUTH WRIGHT, M.B.,B.S. (part-time)

HERMIONE K. S. EGERTON, M.B.,Ch.B. (part-time)

HONORA H. FORDE, M.B.,B.Ch.,B.A.O.,D.P.H.,D.R.C.O.G. (part-time)

G. MARGARET G. SPENCER, M.A.,M.D.,M.R.C.S.,L.R.C.P.,D.P.H. (part-time)

JANET E. MORRISON, M.D.,Ch.B.,D.C.H. (part-time)

JANE G. WILSON, M.B.,B.S.,B.Ch.,L.R.C.P.,M.R.C.S. (part-time)

MARY V. McCAULEY, M.B.,B.S.,D.P.H.,D.C.H. (part-time) (appointed  
12.2.70)

SUSAN M. ROYCE, M.B.,B.S. (part-time) (appointed 28.9.70)

### DENTAL STAFF

*Principal School Dental Officer:*

G. A. SCIVIER, B.D.S. (London)

*Area Dental Officers:*

J. E. CHURCHYARD, L.D.S.,R.C.S. (Eng.) (part-time)

A. L. JONES, B.D.S.

G. TIDSWELL, L.D.S.,R.C.S. (Eng.)

JANE M. FRASER, B.D.S., (Part-time) (appointed 21/9/70)

D. LAWSON, L.D.S. (part-time) (appointed 23/9/70)

*Dental Auxiliary:*

(Post Vacant)

### OTHER OFFICERS

*Orthoptist :*

MARGARET J. KERNAN, D.B.O. (part-time)

*Speech Therapists:*

ANNE U. C. BLOOD (part-time)

PRUELLA A. THOMPSON (resigned 13.12.70)

APRIL WILSON (resigned 13.12.70)

**OTHER OFFICERS (continued)**

*Superintendent Health Visitor*

Miss J. M. STABLES S.R.N.,S.C.M.,H.V.(Cert)

*and fifteen full time and one part time Health Visitors and one full time and seven part time Clinic Nurses*

*Chief Administrative Assistant:* H. M. COLES (retired)

R. BAILEY (Appointed 14.9.70)

*Administrative Assistant, Child Health:* R. J. SEAL (Appointed 30.11.70)

*Senior Clerk, School Health:* R. HURCOMBE (resigned 31.1.70)

Mrs. S. PINK (Appointed 1.2.70)

## GENERAL INFORMATION

	1968	1969	1970
POPULATION			
(Estimated mid-year)	121,700	122,050	121,930
SCHOOLS MAINTAINED BY THE LOCAL AUTHORITY:-			
PRIMARY SCHOOLS (including voluntary schools)			
Number of Schools	39	39	40
Number of Roll	11,731	12,189	12,416
SECONDARY SCHOOLS			
Number of Schools	8	8	8
Number on Roll	6,298	6,458	6,575
GRAMMAR SCHOOLS:		Number on Roll	
Northgate Grammar School for Boys	780	764	770
Northgate Grammar School for Girls	605	596	593
SPECIAL SCHOOLS:			
Beacon Hill Special School for Educationally sub-normal Pupils	88	101	109
Whitton Special School for Delicate Pupils	91	96	91
NURSERY SCHOOLS			
Raeburn Road	40	40	40
Highfields	-	-	31
Total Schools Population	19,633	20,244	20,625

## INTRODUCTION

The Organisation and Methods review by the Management Services Unit of the clerical and administrative structure of the Department was completed in 1970. As far as the school health service was concerned, the major recommendation was that the section should merge with the Maternity and Child Welfare and Vaccination and Immunisation sections to form one Child Health section. This change had been mooted in the department some time ago and the O. and M. report finally confirmed our thoughts in this direction.

There is nothing original in the idea of one Child Health section. Many authorities have made this change, for undoubtedly there are advantages in having the records for children from birth to school leaving under one section. It dissolves the artificial barriers between the pre-school and school child and establishes an essential continuity between these age groups. An Administrative Assistant was appointed to be in charge of the section.

The merger should lead to a better deployment of clerical services. Clerical systems have been streamlined, the main need being for standard procedures and forms to be introduced. Most of this implementation will take place in 1971.

During 1970 we were pleased to welcome the appointment of an Educational Psychologist, Mr. O. N. Lygo-Baker, with whom we look forward to working closely in the future.

Health Education is mentioned elsewhere in the report. Whilst it is pleasing to report the increased participation in the schools, much more has to be done to make health education more effective. The scope for expansion exists and will be pursued in the near future.

Generally one feels that there is the need for expansion within the school health service. This in itself is easier said than done in these stringent financial times when resources are so restricted. Nevertheless concerted efforts will be made in 1971 to improve our services, and so keep pace with modern demands.

## MEDICAL INSPECTIONS IN SCHOOLS

Details of the medical inspections in schools are given in the tables at the end of the Report. 3,696 children received a full medical examination during the year, most of which were contained in the school entrant and school leaver age groups. Plans for the introduction of a 'selective' examination between these age groups were unfortunately delayed.

## SERVICES AVAILABLE

### *VISION SCREENING*

Two Keystone vision screeners are available for testing the eye-sight of schoolchildren, but unfortunately staffing difficulties have made full use of these facilities impossible. At present screening is carried out on the 10 to 11 years age group, and one hopes for further extension of these facilities to the 8 year old and 13 year old age groups in 1971.

### *AUDIOMETRY*

Routine audiometric screening of school entrants is carried out and during



the year 2,326 school entrants were screened of whom 222 were referred for retests.

The service is also available for any child referred by doctors, teachers or parents if hearing defects are suspected. It is a purely audiometric service and the general practitioner remains responsible for the clinical examination of the child and for any action he feels necessary. In this way, the service provides a valuable addition to the services provided by the National Health Service.

The total number of full audiometric tests carried out was 563. 114 children were referred to their own doctor.

## ARRANGEMENTS FOR TREATMENT

### (a) MINOR AILMENTS

#### ATTENDANCES AT MINOR AILMENT CLINICS

CLINIC	Number of Children			Total Attendances		
	1968	1969	1970	1968	1969	1970
Elm Street	1,406	1,053	738	2,170	1,379	1,073
Gainsborough	1,315	1,201	1,152	2,795	2,485	1,825
Whitton	1,412	1,211	1,159	2,616	2,262	1,921
Allington	337	292	304	457	449	432
Chantry	635	496	545	1,503	902	883
TOTALS	5,105	4,253	3,898	9,541	7,477	6,134

### (b) VACCINATION AND IMMUNISATION

Vaccination and immunisation against diphtheria, tetanus, whooping cough and poliomyelitis is carried out at the School Clinics.

Circular 11/70 from the Department of Health and Social Security gave approval for the introduction of vaccination against Rubella (German Measles) in the general arrangements for vaccination and immunisation made by local authorities. Girls are to be offered vaccination between their eleventh and fourteenth birthdays, but initially because of shortage of vaccine the age group was restricted to 13 year olds. Arrangements are proceeding for this vaccination to be introduced into schools early in 1971.

The number of school children who received protection during the year was as follows:-

	Primary	Booster
Diphtheria	133	1,505
Whooping Cough	51	395
Tetanus	243	1,860
Poliomyelitis	228	1,467
Measles	362	-

B.C.G. vaccination is offered to school children at the age of 13 years. Preliminary skin tests were carried out on 1,612 pupils and 1,535 showed a

negative reaction. B.C.G. vaccination was given to 1,534 pupils. In addition, an annual programme is carried out at the Civic College and 226 students were vaccinated.

### (c) OPTHALMIC

School children with eye defects requiring treatment can be seen at the School Eye Clinic. During 1970, a total of 1,179 children were seen representing 1,803 attendances.

The number of children who attended the Orthoptic Clinic was 71. Total attendances were:-

For occlusion	8	
For tests, observations and examination	79	
New Cases	27	Total 114

### DENTAL TREATMENT

I am grateful to Mr. G. A. Scivier, Chief Dental Officer for this report.

#### STAFFING

The Dental Officer post at Gainsborough was established from the 1st July, and following failure to recruit a full-time officer, two part-time officers, Mrs. J. Fraser and Mr. D. Lawson, together with a Dental Surgery Assistant, were appointed at the end of September, giving the equivalent of one full-time officer.

Tempering our success in this direction has been our inability to attract a successor for Mrs. B. Bowgen, the Dental Auxiliary who departed in September 1969. Hopes were high at one time but the candidate concerned decided to accept a more lucrative offer from Canada.

Following discussions with the General Dental Council, it would seem that there is a considerable wastage, and therefore shortage, of this category of dental worker which is unlikely to improve in the foreseeable future. Consideration therefore might well be given to utilizing the positions concerned for either a part-time Dental Officer with Dental Surgery Assistant or a part-time Dental Health Educator. The latter could either be a Dental Hygienist or a Dental Surgery Assistant who has undergone or is willing to undergo special training in Dental Health Education. This is a method which has proved successful in other parts of the country. Any of these alternatives would help to improve the service the department is able to provide to the public and relieve the Chief Dental Officer of extraneous duties.

Confusion may well arise regarding the titles of the various Dental personnel and here is a brief explanatory summary.

1. **Dental Surgery Assistant**, one who assists the Dental Officer at the chairside, prepares the surgery, and acts as receptionist. A proficiency qualification is not always necessary but can be obtained.
2. **Dental Hygienist**; one who is trained for one year full time, with examination, to carry out scaling, and polishing procedures, and to give oral hygiene advice.

3. **Dental Auxiliary;** one who is trained for two years full time with examination, to undertake simple fillings, extract first teeth, scaling and polishing, and oral hygiene advice.

All clinical work by the last two must be undertaken under direct supervision of a Dental Surgeon.

The full-time staff equivalent during the year was less than in 1969, but if productivity is the criteria of success, then the staff have done well under the circumstances.

### *ANNUAL RETURNS*

Graphs have been used this year in order that a clearer picture might be obtained of the output of the department -

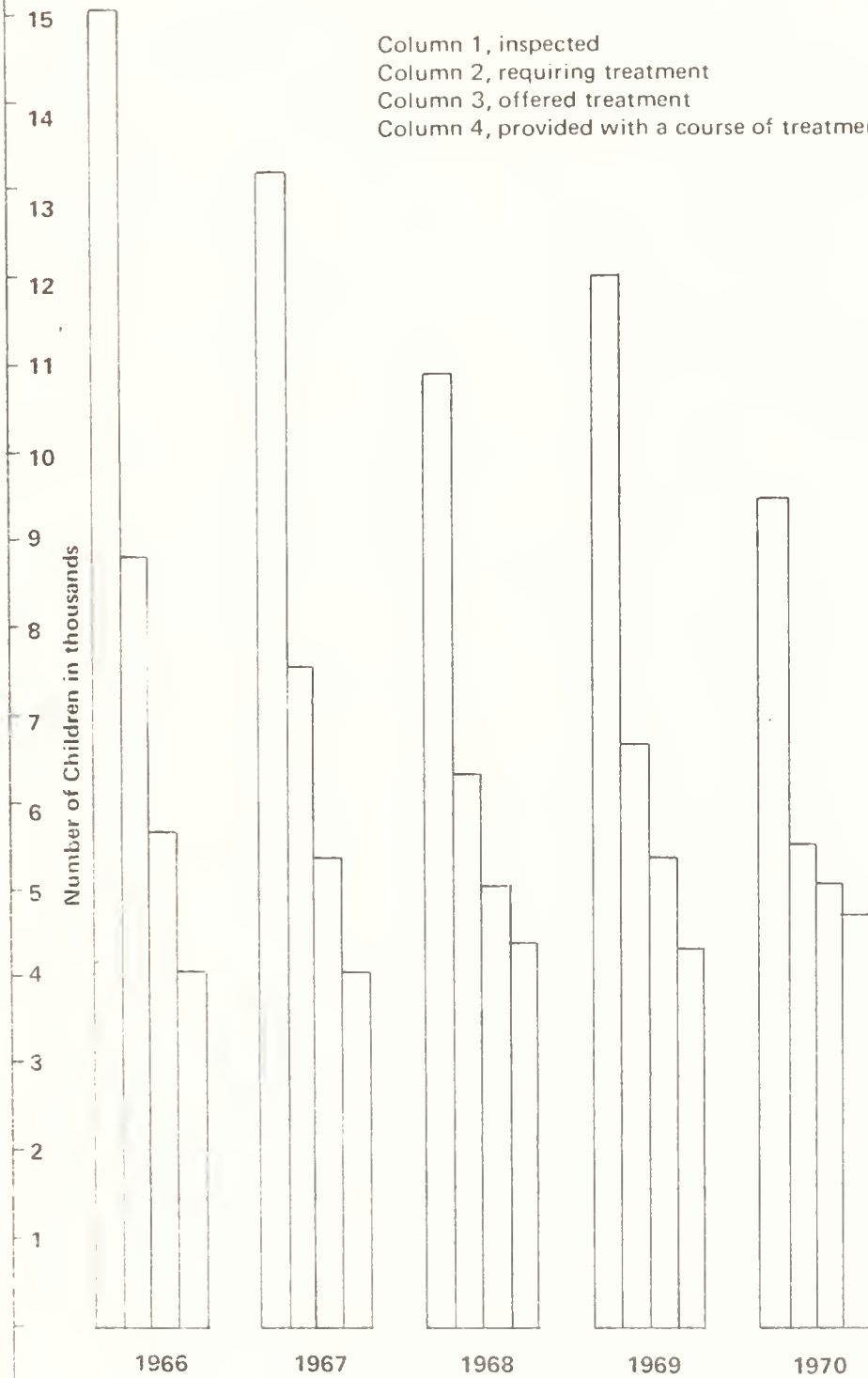
From the Graph it can be noted that the number of children receiving dental inspections in 1970 was the lowest in the five year period 1966/70. This was mainly due to the continued staff shortage necessitating the withdrawal of Dental Officers from other clinics to deal with the backlog of inspections and treatment in the Gainsborough area. Naturally the lag between inspections and treatment in other areas, mentioned in last year's report, has increased further and it will take some while to make up the leeway even though Gainsborough is now fully staffed.

The Graph also dramatically highlights that whereas inspections have fallen, approximately 50% of those inspected in 1970 have received a course of treatment, and nearly all those requiring treatment have been offered and received it. This is somewhat different to 1966, when 50% more children were inspected for virtue of maintaining a good service in the Elm Street, Chantry and Allington areas of the town, but only a reasonable service at Whitton and a one day emergency service at Gainsborough. However, the number receiving a course of treatment then was less than in 1970. More parents would appear to be consenting to treatment in 1970 as the majority of those offered treatment during that year have received it. The gradually reducing difference between those requiring and those offered treatment is perhaps due to a more careful assessment of those children attending General Dental Practitioners and inspections are only carried out when treatment can be provided. Inspection of more children than it is possible to treat with the staff available serves no useful purpose.

Generally a welcome reduction in extractions has occurred since 1968 which indicates that although more are receiving treatment, it is of a more conservative nature. A far larger number of children being treated for misplaced teeth and crowded dentitions have had their orthodontic treatment completed although slightly less appliances were fitted during the year. In this connection, we are once more indebted to Mr. E. S. Broadway, Mr. R. Churchyard and Mr. P. Jepson, the Orthodontic Specialists, who advise on and sometimes treat the more difficult cases.

## DENTAL INSPECTIONS OF SCHOOL CHILDREN

Column 1, inspected  
Column 2, requiring treatment  
Column 3, offered treatment  
Column 4, provided with a course of treatment



## *EQUIPMENT*

More old equipment has been replaced at the Whitton and Elm Street clinics, improving working conditions and consequently making treatment more pleasant for the patient. This modernisation is essential for recruitment of new staff should this be necessary.

## *DENTAL HEALTH EDUCATION*

Preventive dentistry should form an important part of the Local Authority Dental service but this was hampered during the year by lack of funds for Dental Health Education.

Due to the co-operation existing between the department and many head teachers, eighteen primary departments have purchased General Dental Council teaching kits for use in their schools.

Regarding the recent report made on school tuck shops in Ipswich, attention should be focused on the fact that whereas there were only fourteen schools without such shops in 1968, following a survey by the Dental Department, there are now twenty-one. This has come about by personal contact and discussion with many head teachers, together with their own observations of the large number of pupils requiring dental treatment. This responsible approach is also to be seen in the reduced number of schools selling decay producing foods. To assist those schools still selling tuck at break times, the General Dental Council's list of recommended non-decay producing foods has been circularized to all head teachers.

Finally, Gibbs through their Oral Hygiene service are offering to supply sample fluoride toothpaste to all primary school children through a national scheme. It was agreed to co-operate with the idea and all primary school children in Ipswich will receive a sample during the spring of the coming year, It is yet another way of creating an awareness of the need for dental care.

## **SPEECH THERAPY**

This service has again fallen on hard times due to staffing difficulties. For most of the year we have had just one full-time and one part-time therapist, but early in December Miss Thompson left us to take up an appointment in Surrey. This leaves us with only one part-time therapist and poor prospects of early replacements.

During the year 215 children were treated but the waiting list continues to grow and at the end of the year stood at just over 80.

## **HEALTH EDUCATION**

There was a welcome increased participation in health education in schools during 1970. Medical staff and health visitors were involved in giving talks on various subjects, through the courtesy of headteachers, and there was an increase in the demand for health education posters and literature. Dr. J. Brown, Senior Medical Officer, continued his successful series of talks on all aspects of health education at the senior schools.

The opportunity is also taken at school leaving medical examinations to educate the child at a personal level, and I am sure that this individual

approach can be most effective at a particularly important stage of the child's life. Away from outside influences and distractions, the potential teenager is prepared to listen far more attentively face to face, than in the wide spaces of the classroom.

### CHILD GUIDANCE

Total number of new cases	152
Number referred through S.M.O.	16
Cases under treatment at end of year	217
Cases on Waiting List at end of year	8
Maintained children attending throughout year	282

### AGE AND SEX DISTRIBUTION OF NEW CASES

Age	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
Boys			2	2	9	1	6	14	8	11	12	7	6	4	13	8	103
Girls			3	3	1	-	3	7	4	3	3	3	1	6	8	4	49
Totals			5	5	10	1	9	21	12	14	15	10	7	10	21	12	152

### INFECTIOUS DISEASES IN SCHOOL CHILDREN

	1967	1968	1969	1970
Dysentery	75	1	-	22
Food Poisoning	2	-	2	-
Infective Hepatitis	-	-	1	13
Tuberculosis - Pulmonary	1	-	-	-
Other	-	-	-	1
Measles	596	142	106	526
Whooping Cough	7	14	-	-
Scarlet Fever	31	7	26	19
Meningitis	-	-	3	-

### MISCELLANEOUS

#### (a) EMPLOYMENT OF CHILDREN

*Section 18 of Children and Young Persons Act, 1933* (chiefly in connection with the sale of newspapers.)

Five hundred and fourteen children were examined during the year and in no instance was a licence refused on medical grounds.

*Section 22 of Children and Young Persons Act, 1933*

No children were examined during the year to ascertain their fitness to take part in entertainment.

#### (b) MEDICAL EXAMINATION OF MEMBERS OF THE TEACHING PROFESSION.

During the year, 80 young people were medically examined in connection



with their application for admission to a College of Education and also 4 teachers on taking up appointments in Ipswich.

### (c) DEATHS

There were 6 recorded deaths of children of school age during the year. The causes of death were:-

Pneumonia	2
Cancer	1
Cystic Fibrosis	1
Gastro-enteritis	1
Sub-arachnoid Haemorrhage	1

### HANDICAPPED PUPILS

One of the important functions of the School Health Service is to ascertain at an early age, children who are unable to attend ordinary school, and to make recommendations for their special educational treatment.

A handicapped pupils' register is maintained in the Department to which many of the children are added in infancy. It is usually possible to ascertain children who are grossly handicapped at an early age.

Classified as Educationally Sub-normal and recommended for admission to Beacon Hill Special School	21
Recommended for notification under Section 57 of Education Act, 1944, as unsuitable for education in school	4
Recommended for attendance at residential school for E.S.N.	3
To remain at Beacon Hill Special School	18
For attendance at a residential school for physical handicapped	1
To remain at ordinary schools	23
To return to ordinary schools	4
To attend Heathside	3
To remain at Heathside	2
Referred to Institute of Family Psychiatry	5
To attend residential school or hostel for maladjusted children	13
To attend Whitton Special School	2

At the end of the year the number of handicapped pupils in the various categories were:-

Blind	2	Both in residential Special Schools.
Partially Sighted	8	Two in residential Special Schools, two at Whitton Special School and four attending Ordinary Schools.
Deaf	10	All in residential Special Schools.



Partially Hearing	35	One in residential Special School, nine at the Partially Hearing Unit, twenty-four attending Ordinary Schools, and one at Beacon Hill. Those not attending residential Special School have hearing aids.
Delicate	30	One at an Ordinary School, twenty-nine attending Whitton Special School.
Educationally Sub-normal	132	Seventeen in residential Special Schools, one hundred and eight in Beacon Hill Special School, five in Ordinary Schools, and one awaiting admission to Beacon Hill Special School.
Epileptics	5	One at Whitton Special School and four at residential Special Schools.
Maladjusted	53	Thirty-three in residential Special Schools or Hostels and twenty in Ordinary Schools, all of whom were awaiting residential vacancies.
Physically Handicapped	86	Seven in residential Special Schools, fourteen attending Ordinary Schools, sixty-three at Whitton Special Schools, two awaiting admission to residential schools.
Speech Defects	196	One hundred and forty-nine under treatment by the Speech Therapists and forty-seven waiting to be seen.

#### WHITTON SPECIAL SCHOOL

I am indebted to Mr. F. H. Ridd, Headmaster of Whitton Special School, for the following report.

	Boys	Girls	Totals
On Register December 1969	55	41	96
Admitted during year	8	4	12
Left during year	11	6	17
Remaining December 1970	52	39	91

#### MEDICAL INSPECTION

Dr. J. Wilson now attends every Tuesday morning. She is carrying out a routine inspection of the whole school as well as dealing with special problems as they arise.

Mr. Jones, Dental Officer, Whitton Clinic, continues to give dental treatment. Only one child at the moment visits the Institute of Family Psychiatry for play therapy twice a month.

#### SPEECH THERAPY

Mrs. Blood visits one morning per week. Miss Thompson who also visits us has now taken up another appointment.

*PHYSIOTHERAPY*

Mrs. Whitehead attends every afternoon and Mrs. Wilson four mornings per week. Those children whose medical reports request physiotherapy are treated. There is excellent liaison with the Physiotherapy Department of Gt. Ormond Street.

*HORSE RIDING*

A number of children attend horse riding for the handicapped one morning per week.

*SWIMMING*

Mr. Ward continues to take a group to Fore Street Baths. This group includes five severely handicapped children.

*VISITORS*

As before students visit the School and those requested by Dr. Smith - student nurses etc.

*TRANSPORT*

Children are now fetched by our own buses. Taxis continue to bring County children and those unable to use the buses.

**BEACON HILL SCHOOL**

I am indebted to Mr. D. D. Abraham, Headmaster of Beacon Hill School, for the following report.

	Boys	Girls	Total
On register December 1969	69	32	101
Admitted during the year	18	7	25
Left during the year	12	5	17
Remaining December 1970	75	34	109

*Admissions*

- 3 from Pre-school Nursery
- 3 from Heathside Training Centre
- 6 from Infant Schools
- 9 from Primary Schools
- 2 from Secondary Schools
- 1 from Residential E.S.N. School, Essex.
- 1 from Secondary School, Lincolnshire

*Discharges*

- 3 re-assessed and returned to Secondary Schools
- 2 re-assessed for employment before Compulsory leaving age for E.S.N. School
- 1 to Heathside Training Centre
- 2 returned to U.S.A.
- 1 returned to Jamaica
- 1 to Residential School - East Bay
- 1 to Residential School, Nr. Bishops Stortford
- 1 for Special Residential Training Course, North Wales

4 for employment at 16 years

1 re-assessed for leaving on medical/social grounds

The past year has seen a continuance of the close liaison which has been established between those agencies which are concerned with the total welfare of pupils at Beacon Hill School.

Dr. M. McCauley has taken over the role previously undertaken by Dr. Bush and visits the School regularly, and has played a major part in carrying on the tradition of establishing the good education/medical relationship which has always existed.

It is pleasing to note that five pupils made sufficient progress to satisfy the School Medical Officer that they were able to undertake either:-

- a) Education in a Normal School
- or b) Employment before they had reached the statutory school leaving age for an E.S.N. school.

During the year the School was fortunate in obtaining a portable classroom unit and this meant that the Diagnostic Unit is now housed in a well equipped classroom.

The School has also been fortunate in obtaining the services of a Child Attendant on a full time basis.

#### **PARTIALLY HEARING UNIT**

The Partially Hearing Unit continues at Rushmere Hall Junior School and caters for a small group with a wide age range.

The children all have moderately severe hearing losses with associated difficulties in articulation and language development. It has proved possible for the children to spend considerable periods of their time engaged in activities with normally hearing children in the main school and so help to avoid the isolation which frequently befalls the deaf.

**MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS)**

**PERIODIC MEDICAL INSPECTIONS**

Age Groups inspected (By year of Birth)	No. of pupils who have received a full medical examination	Physical Condition of Pupils inspected		Pupils found to require treatment (axcluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	for defective vision (excluding squint)	for any other condition recorded at Part II	Total Individual pupils
			No.			
1966 and later	6	6	-	-	-	-
1965	455	454	1	27	49	85
1964	1,233	1,233	-	48	72	134
1963	298	298	-	10	18	28
1962	38	38	-	-	2	2
1961	24	24	-	2	-	2
1960	7	7	-	-	1	1
1959	2	2	-	-	-	-
1958	-	-	-	-	-	-
1957	-	-	-	-	-	-
1956	25	25	-	2	1	3
1955 and earlier	1,608	1,605	3	208	99	324
TOTAL	3,696	3,692	4	297	242	579
1969 totals	3,831	3,823	8	271	327	556

	1970	1969
Number of Special Inspections	2,151	1,916
Number of Re-inspections	618	604
	-----	-----
	2,769	2,520
	-----	-----

## INFESTATION WITH VERMIN

	1970	1969
(a) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	11,637	8,947
(b) Total number of individual pupils found to be infested	220	104
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	-	-
(d) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(3) Education Act, 1944)	-	-

DEFECTS FOUND BY MEDICAL INSPECTION  
DURING THE YEAR  
PERIODIC AND SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease									Special Inspections	
		Entrants		Leavers		Others		Total		Treatment	Observation
		Treatment	Observation	Treatment	Observation	Treatment	Observation	Treatment	Observation		
4	Skin	15	54	45	43	-	3	60	100	56	2
5	Eyes										
	(a) vision	85	239	214	27	2	5	301	271	98	26
	(b) squint	18	11	9	2	1	1	28	14	1	-
	(c) other	6	9	4	28	1	-	11	37	16	5
6	Ears										
	(a) hearing	18	103	6	15	-	7	24	125	7	2
	(b) otitis media	4	22	6	9	-	-	10	31	1	1
	(c) other	1	5	1	6	-	2	2	13	8	8
7	Nose and throat	15	144	4	18	-	8	19	170	11	13
8	Speech	25	28	4	5	-	3	29	36	9	1
9	Lymphatic glands	1	52	-	7	-	7	1	66	-	-
10	Heart	7	59	1	4	-	3	8	66	1	12
11	Lungs	4	46	5	16	-	1	9	63	2	7
12	Developmental -										
	(a) Hernia	7	15	1	6	-	-	8	21	2	-
	(b) other	5	81	11	18	1	1	17	100	1	24
13	Orthopaedic-										
	(a) posture	1	19	7	12	-	2	8	33	-	9
	(b) feet	14	72	18	35	-	4	32	111	4	7
	(c) other	4	19	6	14	-	-	10	33	2	6
14	Nervous system										
	(a) epilepsy	-	11	-	1	-	-	-	12	1	1
	(b) other	1	15	-	6	-	-	1	21	1	-
15	Psychological-										
	(a) development	5	18	-	10	-	1	5	29	1	5
	(b) stability	1	79	-	17	-	2	1	98	1	8
16	Abdomen	3	12	-	5	-	2	3	19	-	-
17	Other	-	-	-	6	-	-	-	6	59	1

TREATMENT OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS

TABLE A - EYE DISEASES, DEFECTIVE VISION  
AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	160
Errors of Refraction (including squint)	556
Total:	716
Number of pupils for whom spectacles were prescribed	328

TABLE B - DISEASES AND DEFECTS OF EAR,  
NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment -	
(a) for diseases of the ear	86
(b) for adenoids and chronic tonsillitis	204
(c) for other nose and throat conditions	127
Total:	438
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) 1970	5
(b) in previous years	23



TABLE D - DISEASES OF THE SKIN (excluding uncleanliness)

	Number of cases known to have been treated
Ringworm: (a) Scalp	-
(b) Body	2
Scabies	15
Impetigo	47
Other skin diseases	268
Total	332

TABLE E - CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	282

TABLE F - SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by Speech Therapists	215

TABLE G - OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	1733
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G. vaccination	1760
(d) Other than (a), (b) and (c) above - Orthoptic	71
Total	3564

## DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

### 2. ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
First Visit	2152	1812	359	4323
Subsequent Visit	3923	4044	777	8744
Total Visits	6057	5056	1136	13067
Additional courses of treatment com- menced	243	140	36	419
Fillings in permanent teeth	2008	3832	764	6604
Fillings in deciduous teeth	2426	229		2655
Permanent teeth filled	1471	3069	677	5217
Deciduous teeth filled	2176	215		2591
Permanent teeth extracted	195	996	223	1414
Deciduous teeth extracted	3033	877		3910
General Anaesthetics	539	198	22	759
Emergencies	719	398	66	1183

Number of Pupils x-rayed	279
Prophylaxis	489
Teeth otherwise conserved	448
Number of teeth root filled	49
Inlays	-
Crowns	59
Courses of treatment completed	2932

### 3. ORTHODONTICS

Cases remaining from previous year	
New cases commenced during year	52
Cases completed during year	45
Cases discontinued during year	17
No. of removable appliances fitted	82
No. of fixed appliances fitted	3
Pupils referred to Hospital Consultant	73

### 4. PROSTHETICS

	5 to 9	10 to 14	15 & over	Total
Pupils supplied with F.U. or F.L. (first time)	-	-	-	-
Pupils supplied with other dentures (first time)	-	5	10	15
Number of dentures supplied		9	12	21

### 5. ANAESTHETICS

General Anaesthetics administered by Dental Officers	2
---	---

### 6. INSPECTIONS

(a) First inspection at school. Number of pupils	5954
(b) First inspection at clinic. Number of pupils	2379
Number of (a) + (b) found to require treatment	5007
Number of (a) + (b) offered treatment	4555
(c) Pupils re-inspected at school or clinic	1139
Number of (c) found to require treatment	489

### 7. SESSIONS

Sessions devoted to treatment	1646.5
Sessions devoted to inspection	57.5
Sessions devoted to Dental Health Education	5.5



## INDEX

Accidents, Notification of	98
Ambulance Service	44
Atmospheric Pollution	91
At Risk Register	31
Battered Baby, The	32
B.C.G. Vaccination	45
Births	18
British Birth Survey	36
Cancer	21
Caravan Sites and Control of Development Act, 1960	76
Care and After Care Equipment	47
Cervical Cytology	48
Child Health	27
Chiropody Service	47
Clean Air Act 1956	91
Clinics - Location of and facilities	11
Co-ordination with other Health Services	26
Committee-Membership	9
Common Lodging Houses	77
Condemned Meat and Other Foods	104
Congenital Defects	29
Deaths	18
Dental Care	29
Examination of Infants by Medical Officers	28
Examination of Infants by Ophthalmic Consultant	28
Examination of Plans	92
Factories Acts, 1937 and 1948	108
Family Planning	48
Fertilizer and Feeding Stuffs Act 1926	87
Fifty Years Ago	65
Food and Drugs Act, 1955	80
Food-Inspection and Supervision of	103
Food Premises	107
Heaf Testing	47
Health Centres	26
Health Education	50
Health Visiting	37
Home Help Service	52
Home Nursing Service	39
Housing	77
-Statistics	101
Ice Cream Examinations	84
Infant Mortality	21
Infectious Disease - Notification of	60

Land Charges Act	92
Legal Proceedings	85
Marriages	18
Mass Radiography Survey	50
Maternal Deaths	28
Meat Inspection Regulations, 1963	79
Medical Arrangements for Long Stay Immigrants	51
Medical Examination of Staff	64
Mental Health Service	53
Meteorological Notes	64
Midwifery Service	34
Milk Sampling	79
Milk Supply	79
Montrose Day Nursery	33
Noise Abatement Act, 1960	92
Nurseries and Child Minders Regulation Act	31
Nursing Homes	65
Nursing Services of the Future	34
Offices, Shops and Railway Premises Act, 1963	75
Pet Animals Act, 1951	88
Phenylketonuria	36
Population	17
Poultry Inspection	84
Prevention of Break up of Families	47
Prevention of Damages by Pests Act 1949	89
Public Health Inspectors - Visits by	70
Housing	72
Food Visits	72
Other Visits	74
Statistics	93
Reduction of Household Pests	90
Refuse Collectors Strike	88
Residential Accommodation Section 22 of N.H.S. Act	32
Sewerage and Sewage Disposal	88
Slaughter of Animals Act 1958	80
Staff of Department	9
Swimming Baths and Pools	77
Tuberculosis - Control of	47
- Notification of	60
Vaccination and Immunisation	41
Veneral Disease	62
Vital Statistics	14
Water Supply	68
Welfare Foods - Supply of	28

PORT REPORT	
Character of Shipping and Trade	2
Food Inspection	5
Inland Barge Traffic	2
Inspection of Ships for Nuisances	4
Malaria	4
Measures against Rodents - Control Certificates	10
Measures against Rodents - Inspection of Ships	4
Medical Inspection of Aliens	4
Miscellaneous	4
Notification of Infectious diseases on ships	3
Plague	4
Shell-Fish Regulations 1934-48	4
Ship Regulations 1966	2
Shipping entering the District	2
Smallpox	3
Staff	1
Veneral Disease	3
Water Supply	2

## REPORT OF PRINCIPAL SCHOOL MEDICAL OFFICERS

Audiometry	5
Beacon Hill Special School	14
Child Guidance	11
Committees	1
Deaths	12
Dental Service	7
Employment of Children	11
General Information	4
Handicapped Pupils	12
Health Education	10
Infectious Disease in School Children	11
Medical Examination of Teachers	11
Minor Ailments Clinics - Attendances	6
Medical Inspection in Schools	5
National Child Development Study	12
Ophthalmic Clinics	7
Partially Hearing Unit	15
Speech Therapy	10
Staff	2
Statistical Tables	16
Vaccinations and Immunisations	6
Vision Screening	5
Whitton Special School	13







